



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-050200 Treatment/Supervision Plan Development Case Management and Written Conditions Alisha Tafoya Lucero, Cabinet Secretary	Issued: 07/01/99 Effective: 07/03/00	Reviewed: 3/30/20 Revised: 05/28/19 <i>Original Signed and Kept on File</i>
---	---	---

AUTHORITY:

Section 31-21-7 (F), 31-20-5.2, 31-21-10.1 and 66-8-102, NMSA 1978, Comp., as amended

REFERENCE:

- A. ACA Standards 4-APPFS-2A-02 thru 4-APPFS-2A-13, and 4-APPFS-2B-01, *Performance Based Standards for the Adult Probation and Parole Field Services*, 4th Edition.
- B. Northpointe, Inc. Risk/Needs and Case Planning for male and female offenders.

PURPOSE:

To establish procedures for the development of supervision plans that include measurable treatment objectives consistent with offenders' needs and the risk they present to the community, to establish procedures for the implementation and monitoring of those supervision plans and to establish procedures to provide offenders with an acknowledgment and understanding of their probation or parole contract conditions.

APPLICABILITY:

All Probation and Parole Division staff, offenders and any individuals or programs contracted to provide services to offenders.

FORMS:

- A. **COMPAS Assessment – Male Offenders** form (CD-050201.1) (16 pages)
- B. **COMPAS Assessment – Female Offenders** form (CD-050201.2) (26 pages)
- C. **COMPAS Case Supervision Review** form (CD-050201.3) (5 pages)
- D. **Community Corrections Program Contract Conditions** form (CD-050201.5)
- E. **Rules for Home Visits** form (CD-050201.6)
- F. **Notice to Employer** form (CD-050201.7)
- G. **Employer Questionnaire** form (CD-050201.8)
- H. **Firearms Notification** form (CD-050201.9)
- I. **GPS Monitoring Equipment – Offender Agreement** form (CD-050201.10) (English)
- J. **GPS Monitoring Equipment – Offender Agreement** form (CD-050201.11) (Spanish)
- K. **Case Opening Check Off List** form (CD-050201.12)

ATTACHMENTS:

- A. **Offender Orientation Handbook** Attachment (CD-050201.C) (7 pages)
- B. **Order of Probation** Attachment (CD-050202.D) (2 pages)
- C. **Assessment Referral Form** Attachment (CD-050202.E)

DEFINITIONS:

- A. Case opening: Case is fully opened, all conditions have been reviewed, and CORE/TAP are completed. File has been approved by the supervisor.
- B. COMPAS Risk and Needs Assessment Tool: Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is a research based, validated risk and needs assessment tool that is used to provide predictions for both general and violent recidivism risk along with identifying criminogenic needs that have been shown to be associated with criminal activity in managing offender supervision.

COMPAS Prescreen: Risk assessment that assesses risk of recidivism to assist probation and parole in placing an offender in a level of supervision.

COMPAS Core: Full risk and needs assessment that provides a holistic view of the offender to address supervision and treatment needs.

Alternative Screening: Risk re-assessment to determine level of supervision after a specific period of time or a change in the offender's circumstances.

TAP: Treatment plan developed based on results of the COMPAS Core assessment. Plan shall include measureable and attainable objectives. Objectives will be measured by the successful completion of the goals and tasks in the TAP.

- C. Evidence Based Practices (EBP): Correctional decision making derived from research findings about practices proven to change offender behavior thereby reducing the risk of recidivism.
- D. Intake: Initial face to face meeting with the offender, which includes fingerprinting, photographing and review of basic conditions.
- E. Levels of Supervision: Degrees of supervision based upon degree of risk.
Minimum/Low - low risk/needs
Medium/Moderate - moderate risk/needs
High - high risk/needs
Extreme Special Programs – special management offender
- F. Risk: The assessment of offender's factors that influence or predict criminal behavior that affect the offender's ability to be rehabilitated.
 - Low: COMPAS assessment scale resulting in a score from 1-4.
 - Medium: COMPAS assessment scale resulting in a score from 5-7.
 - High: COMPAS assessment scale resulting in a score from 8 and above.

- G. Needs: The assessment of offender's social, economic, and other deficiencies that indicate appropriate service interventions.
- H. Offender: An adult placed under, or made subject to, supervision, probation and/or parole, as the result of the commission of a criminal offense and released to the community under the jurisdiction of courts, paroling authorities, corrections, or other criminal justice agencies, and who is required to request transfer of supervision under the provisions of the Interstate Compact for Adult Offender Supervision.
- I. Overrides: The altering of the level of supervision by a probation and parole officer and approved by the district supervisor when the officer questions the level assigned by the instrument and can justify the change.
- J. Supervision Plan: A dynamic document used to guide the offender's progress in achieving their goals during supervision. It is a mutually agreed contract between the offender and supervising PPO that outlines the requirements for the offender while on supervision, identifies offender goals, activities to achieve those goals and sets a time frame for completion.
- K. Sex Offender: Any person convicted of a sex offense on or after July 1, 1995; any person convicted of a sex offense prior to July 1, 1995; and who, on July 1, 1995, was either incarcerated, on probation or on parole. Sex Offender means a person eighteen (18) years of age or older who:
- Is a resident of New Mexico and convicted of a sex offense in New Mexico;
 - Does not have an established residence in New Mexico, but lives in a shelter, halfway house or other transitional living facility, or stays in multiple locations in New Mexico and who has been convicted of a sex offense pursuant to state, federal, tribal or military law; or,
 - Changes his residence to New Mexico when the person has been convicted of a sex offense in another state pursuant to state, federal or military law; or,
 - Is a resident of New Mexico who is convicted of a sex offense pursuant to federal or military law; or,
 - An adult placed under, or made subject to, supervision as the result of the commission of a criminal offense and released to the community under the jurisdiction of courts, paroling authorities, corrections, or other criminal justice agencies, and who is required to register as a sex offender either in the sending or receiving state and who is required to request transfer of supervision under the provisions of the Interstate Compact for Adult Offender Supervision.
 - Must register with the local sheriff's office for the county for which the sex offender resides if the date of conviction was on or after July 1, 1995 within prescribed time limits pursuant to statute.
- L. Sex Offense:
- Criminal sexual penetration in the first, second, third or fourth degree
 - Criminal sexual contact in the fourth degree
 - Criminal sexual contact of a minor in the second, third or fourth degree

- Sexual exploitation of children in the second or third degree
- Sexual exploitation of children by prostitution in the first, second or third degree
- Kidnapping when committed with the intent to inflict a sexual offense.
- False imprisonment when committed with the intent to inflict a sexual offense .
- Aggravated criminal sexual penetration
- Aggravated Indecent Exposure
- Enticement of a Child
- Incest, when the victim is less than 18 years old
- Child solicitation by electronic communication device, for convictions occurring on or after July 1, 2013.
- Attempt or solicitation to commit any of the sex offenses set forth in paragraphs above.
- An offense from another jurisdiction that is substantially the same as the sex offenses set forth above.

For convictions prior to July 1, 2013, the crimes of Kidnapping and False Imprisonment are only sex offenses if the victim was less than eighteen years old and the offender is not a parent of the victim

- M. Special Management: Any special management program of the New Mexico Probation Parole Division or any private program contracted to provide services for the New Mexico Probation Parole Division, which provides enhanced or modified levels of supervision and/or programming for offenders. These programs include Community Corrections Programs, Intensive Supervision Program (ISP), Residential Programs and Transitional Living Centers.
- N. Special Programs Referral form: The form that is used for making referrals to community corrections, residential and transitional living programs.
- O. Standard Supervision: That standard of supervision provided to an offender who is not in a special management program.
- P. Supervision Contact: Contact between a PPD staff member and an offender in which information is received which allows the supervising PPO to evaluate the offender's supervision status.
- Q. Collateral Contact: Any contact between the PPO and a person or organization having knowledge of, or interest in, the offender's supervision status.
- R. Successful Field Contact: Any personal contact between a PPO and offender under PPD supervision away from the vicinity of the PPO's office, or contact with a neighbor in the immediate vicinity or a family member residing in the offender's home, if the offender is not at the residence, provided that such contact permits the PPO to make observations about the offender's behavior and activities in a manner that can be documented in the case notes.

POLICY:

It is the policy of the New Mexico Correction Department Probation and Parole Division that the supervising officer, with the offender's input, shall develop treatment objectives and a supervision plan according to the guidelines set forth in this policy and within the parameters set by the Court, Adult Parole Board, Interstate Compact, and the Corrections Department. The plan shall include whichever of the following is most appropriate for the supervision of the offender: level of supervision and requirements, offender goals and expectations, tools necessary to meet the goals, and time frames for completion. The offender is provided a copy of the plan. The PPO shall document the activities and events involved in the implementation and monitoring of the supervision plan.

- A.** The Department shall govern the classification and supervision of offenders to safeguard the community and meet the program needs of the offender. Offenders shall have a

COMPAS prescreen assessment completed and be placed in the appropriate supervision category within five (5) business days of the offender being placed on supervision or released from incarceration. The COMPAS Core assessment shall be completed within forty-five (45) days of the offender being placed on supervision or released from incarceration.

Offenders are reassessed (COMPAS Alternative Screening) as needed, but no longer than one year from the previous assessment, and reassessment reviews are documented in chronological order. Adjustments to the individual supervision plan are made based on reassessment, and are made in accordance with the offender's performance in the community. **[4-APPFS-2A- 03]**

- B.** The Department has a validated evidence based assessment process that identifies offender programming needs, risk of reoffending and level of supervision. There are provisions for regular review. The assessment process includes the following: **[4- APPFS-2A-02]**

- an initial assessment of each offender (and all subsequent reassessments) using a validated standardized assessment tool;
- personal interview with the offender;
- development of objectives that address community safety and offender needs;
- a review of the offender's progress with previously set objectives; and
- assessment or reassessment results are recorded in the case file and communicated with the offender.

- C.** An initial interview (intake) with offenders shall be conducted within five (5) business days of being placed on community supervision or release from incarceration. An initial interview (intake) with all sex offenders shall be conducted within twenty-four (24) hours of being placed on supervision or release from incarceration. Upon notification that a high risk offender has been placed on community supervision, an officer shall initiate contact with the offender within two (2) working days, and conduct an initial supervision interview within five (5) working days or prior to release from confinement if possible. **[4-APPFS-2A-04]** The intake shall include:

- Compas Prescreen
- Review of Standard Conditions of Probation and/or Parole
- Review of the offender handbook, rules for a home visit, firearms notification, waiver of extradition, release of information and property acknowledgement

- Instructions on how to contact staff after business hours, in the case of an emergency
- Photograph of offender
- Fingerprinting of offender
- DNA sample collection (for felony convictions)
- Review of any known special conditions
- Completion of behavioral contracts for special management offenders
- Drug test
- Placement on electronic monitoring or alcohol monitoring if ordered or appropriate
- Treatment referrals
- Set curfew
- 8 pm-7am curfew for any offender without a Court/Parole ordered curfew
- Special management designated curfew per policy
- Make efforts to obtain the filed Judgment and Sentence Order

D. An individualized supervision plan (TAP) is developed for each offender jointly with staff within sixty (60) days of disposition or release from incarceration. This plan is documented with signatures of staff and the offender and reviewed and approved by a supervisor. The offender is provided a copy of the plan. The major objectives to be completed within the first sixty (60) days of supervision, as appropriate, are: **[4-APPFS-2A-08] [4-APPFS-2A-09]**

- Develop and submit a COMPAS Core risk/needs assessment within 45 days;
- Explain and document the appropriate level of supervision as determined by the offender's assessment or override;
- Measurable objectives to be met by the offender and the PPD officer as established in a supervision plan (TAP) to include setting limits and expectations, and assisting the offender in connecting with resources and services in the community within 60 days. A supervision plan is not required for offenders placed in minimum/low supervision at case opening;
- PPO will thoroughly explain supervision requirements and all special conditions. The signed Order of Probation will be submitted to the Court.
- Refer the offender to services required by the J&S and follow up on any referral provided at intake
- This shall include measurable criteria for expected behavior and accomplishments;
- A time schedule for achieving goals and objectives;
- Define the offender's designated area of travel and any prohibited areas;
- Provide guidance to the offender on employment, educational/vocational training needs, leisure time programs and activities in community;
- Provide guidance as needed to community agencies that provide financial and other assistance to offenders;
- Complete the FBI Flash

E. Case and file will be fully opened per the guidelines provided in C and D within sixty (60) days of sentencing or release from custody. The file will be provided to the supervisor for review and audit. The supervisor shall complete a case opening audit by the sixty (60)

day mark. The supervisor will enter a case opening audit note in case update (in CMIS or OMNI) noting the audit was completed, any deficiencies, and schedule a date for corrections.

- F.** Offenders are provided with interventions targeted to factors that relate to their individual criminal behavior and attitudes as established in the validated COMPAS assessment and outlined in the supervision plan. **[4-APPFS-2A-06]**
- G.** Consistent with law in the jurisdiction, there is policy defining when and how victim input is sought before a probation/parole officer requests the court or the releasing authority to add, remove, or modify any of the court-ordered special conditions of supervision. **[4-APPFS-2A-05]**
- H.** The conditions of supervision shall be furnished in writing to offenders. Offenders are required to sign the conditions, indicating their understanding and willingness to comply with them. The conditions shall be explained by the issuing officer. If a communication problem (illiteracy, foreign language) prevents an offender from understanding the conditions, an officer assists in explaining the conditions. Conditions are translated to the language spoken by the offender. **[4-APPFS-2B-01]**
- I.** When specific services ordered by the court or releasing authority are not available, the field staff notifies the court or releasing authority and requests guidance for alternative services or programs. **[4-APPFS-2A-12]**
- J.** The agency supports supervision strategies and programs that have been scientifically demonstrated through evidence based and promising practices to enhance compliance with court or releasing authority ordered conditions, and to reduce criminal behavior. **[4-APPFS-2A-07]**
- K.** Any change to an offender's individualized supervision plan shall be reviewed and discussed with the offender. The review is dated and documented by staff and offender signatures. **[4-APPFS-2A-10]**
- L.** A review, reassessment (alternative screening), and modification of the individualized supervision plan (TAP) and level of supervision shall occur at least once (1) a year but can be done more frequently as determined by significant events in supervision or completion of supervision goals. The offender's progress in achieving objectives is reviewed and documented. **[4-APPFS-2A- 11]**
- M.** When written reports from offenders under supervision are required, the interval between each report shall be modified in relation to community adjustment; and information in the reports is relevant to the supervision plan and/or agency administrative requirements.
- N.** Confidentiality of the offender's supervision plan shall be maintained.
- O.** Offenders shall not be confronted with possible probation/parole violations for failure to meet financial obligations other than those which are conditions of probation/parole;

however, offenders shall be strongly encouraged to fulfill all financial obligations.

- P.** A closing summary or a final progress report is prepared that summarizes the performance of the offender during the entire period of supervision and key points noted on the offender's electronic file case notes. The closing summary or final progress report remains in the offender's supervision file. **[4-APPFS-2A-13]**
- Q.** The Transitional Coordinator shall identify the collective service needs of its probationers/parolees at least biannually.
- R.** Male and female offenders under supervision shall have equal access to all agency programs and activities.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-050201 Treatment/Supervision Plan Development Case Management and Written Conditions Alisha Tafoya Lucero, Cabinet Secretary	Issued: 07/01/99 Effective: 07/03/00	Reviewed: 03/30/20 Revised: 05/28/19 <i>Original Signed and Kept on File</i>
---	---	--

AUTHORITY:

Policy CD-050200

PROCEDURES:

A. General Guidelines:

1. Supervision strategies and programs that have been scientifically demonstrated to enhance compliance with court or releasing authority ordered conditions will be supported and used to reduce criminal behavior. **[4-APPFS-2A-07]**
2. Probation and Parole Officers (PPOs) will assess the risk and needs, through the COMPAS prescreen, of all offenders sentenced to probation and/or parole supervision within five (5) working days of sentencing or release from incarceration.. PPOs will complete the COMPAS core assessment within forty-five (45) days of sentencing or release from incarceration using the COMPAS validated forms and methods developed for this assessment. PPOs will complete a supervision plan (TAP) with the offender within sixty (60) days of sentencing or release from incarceration. **[4-APPFS-2A-03]**
3. The offender shall be reassessed no later than one (1) year after the initial assessment and will be reassessed/reviewed at one (1) year intervals, or sooner, if needed. If a change in supervision level is needed, an updated supervision plan shall be completed. The review and any change of supervision level shall be discussed with the offender and documented in the offender case notes. **[4-APPFS- 2A-03]**
4. All assessment and reassessment overrides will be submitted through CMIS by the PPO to their immediate supervisor for review and approval.
5. All offenders on standard supervision will be supervised as a medium level case prior to the completion of the COMPAS prescreen risk assessment. Offenders in special management programs will be supervised in Phase I until the completion of the COMPAS prescreen risk assessment. The PPO shall conduct an initial supervision interview with the probationer/parolee immediately after the individual is placed on probation or parole status or their release from incarceration (not to exceed five (5) business days), or after PPD has been notified and attempt to identify any issues that might need immediate attention. **[4-APPFS-2A-04]**
6. An officer shall explain the supervision conditions to the offender and provide the

offender with a written copy. Offenders are required to sign the conditions, indicating their understanding and willingness to comply with them. If a communication problem (illiteracy, foreign language) prevents an offender from understanding the conditions, an officer shall assist in explaining the conditions. Conditions shall be translated to the language spoken by the offender. **[4-APPFS- 2B-01]**

7. When specific services ordered by the court or releasing authority are not available, PPD notifies the court or releasing authority and requests approval for alternative services or programming. **[4-APPFS-2A-12]**
8. Written travel permits shall be issued in accordance with *CD-051200*.
9. Restitution, court ordered costs and other costs and fees associated with probation and parole supervision shall be made on a monthly basis, or per approved restitution payment plan, by money order or cashier's check. When the offender reports to the office, the offender shall bring the money order or cashier's check to an office visit, complete all necessary information on the money order and provide the money order to the supervising officer or designated collection staff member. The officer will place the money order, together with a remittance slip into an envelope pre- addressed to the COPS office. For the months where monthly reporting is not required, the offender shall send the payment directly to the COPS office in envelopes provided by the department, or otherwise instructed by departmental directives.

B. Supervision of offenders shall be accomplished as follows:

1. Intensive Supervision Caseload:

Intensive supervision caseloads shall be at an average of 40 offenders per officer and supervision shall, at a minimum, be in accordance with the following required standards.

a. PPO contact with the offender based on the following, contact standards:

- 1) **Phase I**, A minimum of **two (2) months** with two (2) face to face contacts per month, one of which must be in the field with the option of having the second contact in the office; two (2) additional successful field calls per month; four (4) collateral contacts per month.
- 2) **Phase II**, A minimum of **two (2) months** with two (2) face to face contacts, one of which must be in the field with the option of the second contact being in the office; one (1) additional successful field contact per month; three (3) collateral contacts per month.
- 3) **Phase III**, A minimum of **two (2) months**, with two face to face

contacts, one of which must be in the field with the option of the second contact being in the office; one (1) collateral contact per month. Collateral contacts shall include but are not limited to: verification of employment, monitoring of social relationships, and verification of counseling participation, and must be documented into CMIS.

- b. Offender must provide the PPO with verification of compliance with contract conditions.
- c. Written travel permits shall be issued in accordance with *CD-051200*.
- d. If an offender under intensive supervision fails to report to a scheduled appointment in the office or field, fails to make contact with the supervising PPO, or the offender cannot be located by the department, no more than 72 hours shall elapse before declaring that offender an absconder, and providing request for assistance notification to STIU. The declaration shall be made sooner if the supervising officer becomes aware there is an immediate threat to the community. Once the investigation has been completed, the appropriate paperwork will be processed, i.e., arrest and holds, violation reports, etc. A referral to STIU will be completed when an offender is declared an absconder in accordance with department policy.
- e. Community service providers shall verbally report all violations to the supervising PPO or the District Supervisor immediately and submit a written report of the violation(s) as soon as possible thereafter.
- f. Intensive supervision shall require offender participation for no less than six (6) months. A review will be completed by the Regional Manager after twelve (12) months in the program to determine appropriate placement/discharge to standard supervision.

2. Community Corrections:

Community Corrections caseloads shall be an average of 35 offenders per officer and supervision shall, at a minimum, be in accordance with the following required standards.

- a. PPO contact shall be made with an offender based on the following contact standards:
 - 1) **Phase I** A minimum of **two (2) Months with** two (2) face to face contacts per month, one of which must be in the field with the option of having the second contact being in the office; two (2) additional successful field contact per month; four (4) collateral contacts per month.

- 2) **Phase II** A minimum of **two (2) Months** with wo (2) face to face contacts per month, one of which must be in the field with the option of the second contact being in the office; one (1) additional successful field contact per month; two (2) collateral contacts per month.
 - 3) **Phase III** a minimum of **Two (2) Months** with wo (2) face to face contacts per month with the option of the second contact being in the office; two (2) collateral contacts per month
- b. Collateral contacts shall include but-not limited to: verification of employment, monitoring of social relationships, and verification of counseling participation.
 - c. Offender must provide the PPO with written verification of compliance with conditions.
 - d. Written travel permits shall be issued in accordance with *CD-051200*.
 - e. If an offender under community corrections supervision fails to report to a scheduled appointment in the office or in the field or fails to make contact with the supervising PPO, or the offender cannot be located by the department, no more than 72 hours shall elapse before declaring that offender an absconder and providing a request for assistance referral to STIU. The declaration shall be made sooner if the supervising officer becomes aware there is an immediate threat to the community. Once the investigation has been completed, the appropriate paperwork will be processed, i.e., arrest and holds, violation reports, etc., in accordance with department policy.
 - f. Community service providers shall immediately report all violations to the supervising PPO or the District Supervisor and submit a written report of the violation(s) within three (3) working days.
 - g. Community Treatment Providers
 - 1) Each community treatment provider shall be monitored by the district office appropriate to their location to ensure the provider's compliance with the contract and that the treatment services provided are appropriate to offenders needs. The District Supervisor shall immediately advise the Community Corrections Administrative Office of any concerns. Monitoring shall include but not be limited the following:
 - a) Probation and Parole staff shall meet with the contracted community corrections treatment provider at a minimum of once a month to discuss progress or problems of individual offenders and to share information. The meeting will be documented in the offender's case file as a collateral contact. Provider staff should contact the supervising Probation and Parole Officer or the District Supervisor

for assistance or to address any questions or problems.

- b) Ensure that all programs will have the offender complete the **Community Corrections Program Contract Conditions** form (CD-050201.5).

2) Length of Stay

- a) An offender must be in a community corrections non-residential program a minimum of six (6) months and a maximum of twelve (12) months. Each phase will last a minimum of sixty (60) days unless waived by the probation and parole supervisor. Phase condition changes shall be entered in the data base under case update.
 - b) An offender may be in a community corrections residential program anywhere from one month to 12 months, dependent upon the individual program
 - c) Program extensions may be granted on a case-by-case basis with the approval of the community corrections administrative office.
 - d) The Community Corrections Administrator will review all cases who have exceeded twelve (12) months to determine appropriate placement/discharge to standard supervision.
- h. The probation and parole officer must develop specific program requirements at each phase of programming. These program requirements must be stated in the Community Corrections contract and/or the offender's supervision plan and reviewed with the offender. Phase requirement plans must be in compliance with PPD policy and procedure, meet individual treatment needs and identify any additional program requirements
- i. The probation and parole supervisor must approve any request for adjustment in reporting requirements or level of supervision, which would vary from what is stipulated. Any adjustments must still ensure an enhanced level of supervision/monitoring beyond what would be provided if the offender were supervised at high risk. Additionally the offender must continue with treatment/programming requirements. The probation and parole officer must document justification in support of their request for an adjustment to the probation and parole supervisor for approval.

3. Special Caseloads

a. Special Programs

- 1) Offenders should be evaluated for those caseloads based in part on their ability to comply with the enhanced supervision and treatment

requirements of those programs. Factors such as geographic distance from the program, access to phone service for electronic monitoring and any unusual employment schedules should be considered before the offender is referred or placed into the program.

b. **DUI/DWI**

- 1) An offender who has been convicted of driving under the influence and is under probation or parole supervision shall be required to obtain substance abuse counseling and treatment;
- 2) The offender shall provide verification of compliance of drug abuse counseling and treatment requirement; and interlock, GPS, BAC home testing and alcohol monitoring services if ordered.
- 3) The supervising PPO shall document the substance abuse counseling and treatment requirement and compliance/noncompliance in the offender's case notes on CMIS and treatment tab.

c. **Sex Offenders**

- 1) Sex Offenders, will initially be at High Supervision. Sex Offenders will never be supervised lower than Medium Supervision.
- 2) Any sex offender convicted of a sex offense on or after July 1, 1995; and persons convicted of a sex offense prior to July 1, 1995, and who on July 1, 1995, were incarcerated, on probation or on parole for commission of that sex offense as defined in the NM Sex Offender Registration Act of 1995, will be given a **Notice to Register** Attachment (*CD-053201.3*) by the PPO at the time of the initial meeting. Probation and Parole Officers must have the offender read, or read to him/her, the Notice to Register and explain the information contained in the Notice. The offender must initial each paragraph where indicated and sign the acknowledgement confirming his/her understanding of what has been read and explained to him/her.
 - a) This attachment will be maintained in the offender file. If the offender changes residence anytime during the period of supervision the PPO will advise the offender of the need to re-register with the Sheriff's Office, require the offender to sign another Notice to Register. The original Notice shall be provided to the offender and a copy maintained in the offender case file.
 - b) The offender shall present verification of registration from the Sheriff's Office to the PPO and a copy will be maintained in the offender's case file. This procedure applies to offenders convicted of a sex offense in New Mexico, and offenders convicted of a sex

offense in other states but supervised in New Mexico through the Interstate Compact.

d. Interstate Compact

- 1) Offenders who are supervised under the Interstate Compact shall be supervised under the same standards as offenders sentenced in New Mexico.

4. Requirements for Standard Supervision Caseloads:

a. High Risk Supervision:

PPO's who solely carry high risk supervision caseloads shall have an average of 50 offenders per officer and supervision shall, at a minimum, be in accordance with the following required standards.

- 1) Office contact with the offender a minimum of two (2) times per month plus one (1) successful field visit per month.
- 2) Offender must provide written documentation verifying employment, residence, and program participation, community service, and/or compliance with any other special conditions of supervision.
- 3) Travel permits shall be issued in accordance with *CD-051200*.
- 4) Restitution, court ordered costs and other costs and fees associated with probation and parole supervision shall be made on a monthly basis, or per approved restitution payment plan, by money order. The offender shall bring the money order to an office visit, complete all necessary information on the money order and provide the money order and a stamp to the supervising officer. The officer will place the money order, together with a remittance slip into an envelope pre-addressed to the COPS office.

d. b. Medium Risk Supervision:

- 1) Office contact with offender once a month plus field visits as needed.
- 2) Travel permits shall be issued in accordance with *CD-051200*.
- 3) Restitution, court ordered costs and other costs and fees associated with probation and parole supervision shall be made on a monthly basis, or per approved restitution payment plan, by money order. The offender shall bring the money order to an office visit, complete all necessary information on the money order and provide the money order and a stamp to the supervising officer. The officer will place the money order, together with a remittance slip into an envelope pre-addressed to the COPS office.

e. c. Minimum Risk Supervision:

- 1) All cases sentenced to supervision, must report to respective District Office to have case assessed and fully opened. If the results of the COMPAS lite (prescreen) indicate the that offender has a COMPAS supervision recommendation of minimum/low, the case should be placed in administrative supervision subject to supervisor-approved override which needs to be conducted within ten (10) days of receipt from PPO.
- 2) If the supervision recommendation is to override the COMPAS assessment to medium or higher supervision, the supervisor will return to the PPO to complete the COMPAS core.
- 3) If the supervision recommendation is to maintain minimum/low supervision assessment, the supervisor will return to the PPO to complete the transfer process.
- 4) When an offender is assessed or reassessed to minimum level of supervision the case will be transferred in CMIS to the Response Center in Albuquerque. Once the Response Center accepts the minimum case, the offender hard file shall remain at the sending district office.
 - a Incoming transfers to the Response Center will be assigned to a Response Center officer and that officer will have 5 business days (or 7 calendar days) to review the case and complete the transfer process.
 - b Existing cases that are being transferred to the Response Center require a transfer audit from the sending district. Those cases that are assessed Minimum at Intake require only a case opening utilizing the Case Opening Check Off List
- 5) All offenders on minimum supervision will be transferred to and supervised by the Response Center, except in special circumstances as noted in the following procedures:
 - a Offenders who are convicted of domestic violence or DWI/DUI will not be assessed as minimum initially. These cases may only be reassessed as minimum upon an override approval from the sending Region Manager on a case by case basis. This approval shall bedocumented by a case note in case update in CMIS.
- 6) Once an offender is assessed to minimum supervision, that offender shall be reassigned to a Response Center PPO. The Response Center PPO shall make immediate contact with the offender to advise them of the reassignment, monthly reporting requirements and all other conditions required of the offender to include providing updated information regarding employment, place of residence, counseling and other treatment participation to the Response Center officer.

- 7) The Response Center PPO shall run an NCIC query on the minimum case whenever contact is made with offender. If the NCIC query result in a “hit” and a warrant exists, the assigned PPO response center shall immediately notify their supervisor, the sending district PPO and the sending district supervisor of the warrant hit, via email. Immediate action must be taken by the sending district office PPO to resolve warrant including the detention and arrest of offender in accordance with current NCIC protocol set out in department policy *CD-043100*.
- 8) If at any time, a Response Center PPO determines that an offender may be in violation of conditions of supervision, displaying suspicious behavior, involved in illegal activity, and/or would like to further investigate the case such as conducting a field call or by having the offender report to the nearest district office, the Response Center PPO shall notify the sending district office PPO, the sending district supervisor, and their supervisor via email.
- 9) When a minimum offender violates his or her conditions of supervision, the Response Center PPO shall prepare the violation paperwork for the sending district office PPO and supervisor’s signature and transfer the offender back to the sending district office for final handling. The Response Center PPO shall forward the violation and transfer to the Response Center supervisor, the sending district office PPO and the sending district office supervisor. The district office PPO and supervisor will review, edit and sign off on the violation report and proceed to serve the offender as required by normal protocol. Upon discretion of the Response Center PPO, the offender will either remain on minimum supervision or be transferred to the sending district to await the disposition of said violation.
- 10) The Response Center PPO shall update CMIS whenever changes occur for offenders under their supervision. Once an offender is transferred back to a sending district office the sending district PPO shall update CMIS.
- 11) Forty-five (45) days prior to completion of an offender’s sentence, the Response Center PPO shall notify the sending district office PPO of the upcoming discharge date, complete the discharge request on the offender to the sentencing judge and transfer the offender’s case back to the sending district office PPO, thirty (30) days prior to completion. The district office PPO shall submit a discharge to the sentencing judge and close the case once approved.
- 12) All offenders who participate in drug court outside the Albuquerque metropolitan area and are assessed as minimum supervision shall continue to be supervised by the respective district office and not be transferred to the Response Center. All offenders who participate in mental health court, Veteran's Court, Delancy Street and similar programs throughout the state, and are assessed as minimum supervision, shall continue to be supervised by the respective district office and not transferred to the Response Center.
- 13) Every Response Center PPO that carries a caseload of minimum level offenders shall reassess each offender at least annually. A supervision plan is not required on minimum offenders.

- 14) If at any time, a minimum case has been reassessed to a higher supervision level, the case will be transferred back to the original district office via CMIS. The Response Center PPO shall also notify the Response Center supervisor, the original district office PPO and the original district office supervisor, via email, the original PO has five (5) working days to accept the transfer back to the original district office.
- 15) The Response Center PPO will approve travel permits verbally in accordance with policy. The Response Center PPO must advise the sending district office PPO of all requests for travel permits and of all travel permits issued.
- 16) Verbal approval of travel permits shall also include in-state or out-of-state travel to border towns and inter-state compact travel, however, the offender shall be required to go to the sending district office PPO and sign a waiver of extradition on the ISC travel permit prior to such approval being issued. Once the offender has signed the waiver of extradition, and/or in-state travel permit, the sending district office PPO shall notify the Response Center PPO via email.
- 17) The Response Center PPO shall review their Agent Desktop in accordance with policy.
- 18) If the Response Center PPO determines a field visit is necessary, the officer must get approval from their supervisor prior to making a request. If approved, when the Response Center officer requests a field visit, they must provide the reason for such request and send the request, via email to the sending district office PPO and district office supervisor
- 19) All minimum case transfer requests must be reviewed and approved by the sending district office supervisor prior to transferring the case to the Response Center. The district supervisor review shall include but not be limited to confirming that the following have been verified and updated: agreements, conditions, COPS, vehicles, tattoos, addresses, employment, reassessment, supervision plans and case notes. The sending PPO will make every effort to ensure all documentation is up to date in the data base prior to transfer. If there is missing verification, the RC PPO will contact the sending PPO. Lacking documentation will not be a sole reason for denial to the RC. Both districts will work collectively to ensure documentation is up to date as to not delay a transfer approval.
- 20) If it is determined that the offender has absconded from supervision while under the supervision of a Response Center PPO, the Response Center officer shall notify the Response Center supervisor and shall generate the Arrest Order, make the appropriate entries in NCIC, prepare and forward the violation report to the sending district office PPO and the sending district office supervisor. The Response Center PPO shall also conduct the necessary follow-up to ensure that the bench warrant has been issued by the Courts.

C. Development, Review, and Modification of Treatment Plans:

1. The administration of COMPAS assessment process identifies offender programming needs, risk of reoffending and level of supervision. Regular review shall include the following: **[4-APPFS-2A-02]**
 - an initial assessment of each offender (and all subsequent reassessments) using a standardized COMPAS assessment tool;
 - criminogenic information to include NCIC, NMcourts, and other official sources containing criminal history when appropriate, not offender self report, to complete the official records section of the assessment;
 - a hard copy of the self-report section of COMPAS and personal interview with the offender;
 - the interview section of COMPAS risk/needs assessment must be administered in collaboration with the offender via a semi-structured interview between the offender and the PPO in an office setting environment;
 - development of objectives that address community safety and offender needs; and
 - assessment or reassessment results are recorded in the case file and communicated with the offender.
2. Consistent with probation and parole authority requirements, the PPD officer and offender shall jointly develop an individualized supervision plan that is reviewed and approved by a supervisor. The offender shall receive a copy of the individual plan. The individualized supervision plan shall provide interventions that are targeted to factors related to the individual's criminal behavior and attitude and include: **[4-APPFS-2A-06] [4-APPFS-2A-08] [4-APPFS-2A-09]**
 - conditions of supervision;
 - the appropriate level of supervision as determined by the offender's risk and need;
 - measurable objectives to be met by the offender and the field officer;
 - services that address the offender's needs;
 - measurable criteria of expected behavior and accomplishments;
 - time schedule for achieving specific goals; and
 - Schedule progress reviews.
3. When deemed necessary PPD staff may request the court or the paroling authority to add, remove, or modify any of the special conditions, including early termination of supervision, where indicated. **[4-APPFS-2A-05]**
4. Consistent with law in the jurisdiction, there is policy defining when and how victim input is sought before a probation/parole officer requests the court or the releasing authority to add, remove, or modify any of the court-ordered special conditions of supervision. **[4-APPFS-2A-05]**
5. The supervision plan (TAP) for an offender shall be reviewed, reassessed and

modified with the offender on an as-needed basis, or at a minimum, annually. The offender's progress in achieving established objectives is documented under the section entitled "Supervision Plan Progress." When new objectives are stated in a supervision plan, the reasons for the new objectives must be noted in the section entitled "Supervision Plan Adjustment." Whenever changes are made regarding the treatment and supervision of an offender, the offender will be immediately informed and the Supervision Plan and Adjustments Section of the Needs Reassessment Form will be completed. The supervising officer will provide the offender with a copy of that form, bearing the offender's signature noting receipt, and make a notation of this review in the offender's case notes. The supervising officer must review the progress of previously established goals with the offender and must note that discussion and the progress, of lack thereof, in the case note entries. Under special circumstances; i.e., violations, transfers, etc. the case may be reviewed and reassessed at any time. **[4-APPFS-2A-11]**

6. Any change to an offender's individualized supervision plan is reviewed and discussed with the offender. The review is dated and documented by the supervising PPO and offender signatures. The District supervisor shall review and approve all changes made to an offender's supervision plan. **[4-APPFS-2A-10]**
7. All offenders supervised under special programs must sign an offender contract prior to being placed in the program. Offenders supervised under standard supervision may be required to sign an offender contract if the supervising PPO feels that such a contract would enhance the probability of the offender successfully completing supervision.
8. If specific services ordered by the Court or the Parole Board are not available as a resource in the community in which the offender is being supervised, the supervising officer shall notify the appropriate authority and request a modification of the conditions. Supervising officers shall request modifications of conditions of probation or parole, when it is in the best interest of society and the welfare of the offender, and when it is consistent with New Mexico State Statutes.
9. The PPO will review with the offender the **Rules for Home Visits** Form (*CD-050201.7*) and have the offender acknowledge receipt of the rules by signing the attachment.
10. The supervising officer will monitor the activities of the offender through personal contacts, collateral contacts, drug tests, GPS, alcohol screen, home visits, employment visits/verification as deemed necessary, and review of the **Offender Contact Sheet** to determine the following:
 - a. If the offender is abiding by the rules and conditions of supervision;
 - b. If the offender is compliant with the most recent supervision/treatment plan, or if modifications in the plan are needed; and
 - c. If the offender is experiencing any problems, difficulties, or crises.

11. The supervising officer is expected to use reasonable judgment to address any problems observed.
 12. The field agency shall identify the collective service needs of its probationers/parolees at least biannually under the auspice of the Community Corrections Administration and the Transitional Coordinators..
 13. Male and female offenders under supervision shall have equal access to all agency programs and activities.
- D. Office contacts allow the supervising officer to observe the offender and receive detailed information from the offender regarding the offender's activities while under supervision, to evaluate that information, and to counsel the offender on decisions that the offender must make. The following procedures shall be followed:
1. At the beginning of the supervision period the supervising PPO shall inform the offender of their reporting requirements, i.e., how and when he/she must report to the PPD Office. While is it strongly encouraged to do so, if the PPO chooses to not use specified appointments, he/she will inform the offender of the most appropriate times to find the PPO in the office, and what to do when the PPO is not in the office at the time of reporting.
 2. The offender reports during the month he or she will be required to provide information necessary for the PPO to update demographics in the CMIS. During this meeting they will discuss any issues relevant to the offender successfully completing the period of supervision.
 3. If the supervising PPO is unavailable when the offender comes into the office, other staff shall collect any written reports, payments, and/other documentation the offender must submit. As soon as possible, the supervising PPO will review that material, and note the review in the offender's case notes. The supervising PPO will initiate direct contact with the offender as soon as possible if there is a need for clarification or additional information.
- E. Probation and Parole officers will visit an offender's home, place of employment, or any other location where the offender might be found away from the PPD office environment. The PPO will document all efforts made to locate the offender and any and all observations made pertaining to the offender's lifestyle, behavior, and attitudes. The following procedures will be used when making field contacts:
1. PPOs conducting field contacts will be accompanied by another PPO, PPO Supervisor, or other law enforcement agency. Under no circumstances shall a PPO ever conduct a field contact alone.
 2. Any safety or self-defense equipment to be used will be limited to those items authorized by the New Mexico Corrections Department **Use of Force Policy (CD-130600)**. When available, radios and cellular phones will be used.
 3. Frequency of field contacts will be primarily determined by the offender's supervision level and in accordance with policy. However, when assessing or reassessing the

case, the PPO will consider the nature of the offender's offense history, and may override the supervision level, with the approval of their supervisor, or may include more field contacts than what is otherwise required for an offender in the Minimum supervision range.

4. If a PPO other than the supervising officer makes a field contact with the offender, the PPO making the field contact shall enter the contact as a field contact in the case notes, unless otherwise agreed that the supervising PPO will make that entry. If another PPO or staff member accompanies a PPO on a field contact the PPO making the entry in the offender case notes will document the presence of the PPO or staff member during the field contact.
5. If a PPO attempts to make a field contact, and the offender is not at the present location, the PPO shall leave a business card or note in an easily accessible location. If the offender fails to make contact with the PPO within 24 hours of the field contact, the PPO will begin immediate efforts to locate the offender. If anyone at the offender's residence intentionally interferes with the PPO's attempt to contact the offender, or if the offender is unavailable for field contact due to the residence, the offender will be advised that he/she must find a residence where access will be allowed, or he/she will be in violation of the conditions of supervision. If any animals, located at the offender's residence, pose a danger to PPD staff in the field, the offender will be directed to restrain or confine those animals in such a way that PPD staff may enter the yard and/or residence without risk of attack unannounced. If locked gates preclude access to an offender's residence, the offender must provide access to the PPD staff. Field contacts will not be required when an offender is in jail, in-patient treatment, or otherwise unavailable for approved reasons.
6. The PPO may visit an offender's place of or potential place of employment, residence, community service or other place that the offender may frequent. If the PPO determines that the offender's presence in any such location creates an immediate and serious threat to the safety of any person, the PPO will immediately order that the offender no longer remain employed at that location, reside at that location, perform community service at that location or otherwise be present at such location. (e.g., a sex offender who has been convicted of Criminal Sexual Penetration of a young child has obtained employment at a Children's Daycare Center or is performing community service by pulling weeds at a public school).
7. If the PPO determines that the offender's presence in any location does not create an immediate threat to any person, but creates a potential serious threat to the safety of any person, the PPO may immediately order that the offender no longer remain employed at that location, reside at that location, perform community service at that location or otherwise be present at such place. The PPO shall notify the District Supervisor and Region Manager of the situation. The PPO shall notify, in writing, the Parole Board and/or District Judge (as applicable) of the situation and the order issued. This notification will include all pertinent information as to the identity of the offender and full justification of the said order. The order will be enforced unless the Parole Board and/or District Judge modify and/or disapprove said order. If an offender refuses to comply with the original order issued by the PPO, the PPO will include this in the written notification and await direction from the Courts/Board

before arresting the offender or proceeding with revocation.

8. The PPO is required to visit the place of employment/community service or potential place of employment/community service of any sex offender assigned to their caseload and verify the suitability and appropriateness of that employment/community service by completing the **Employer Questionnaire** form (CD-050201.9). The PPO will advise the employer about the conditions of the offender's probation/parole in writing on the **Notice to Employer** form (CD-050201.8). A copy of both forms will be maintained in the offenders file.
 9. The PPO will direct the offender to report any variances in their shift, duties, hours, employment location or changes in clientele to the PPO and inform the offender that failure to comply may result in the revocation of the offender's probation or parole.
 10. On a case-by-case basis the Region Manager may require more or less field contacts than are required by this policy. Any such change in field contacts will be documented in the case notes, but any general waiver or reduction of field contacts must receive the approval of the PPD Director.
- F. All contacts with the offender and any other pertinent information will be recorded in the case notes. For community supervision, a review of the levels of supervision shall occur at least annually, with prompt reclassification, where warranted. Offender case notes must be maintained throughout the period of supervision.
1. Each entry in the CMIS case notes will include date of contact, location, type of contact, description of the offender's case plan progress, legal status, NCIC search results, updates to address, family/co-habitants and vehicles, or other significant information resulting from the contact.
 2. Program participation, or lack thereof, employment verification, drug testing date and results must be recorded in the case notes.
 3. Delinquent notice, if used, will be entered and dated. The address to which the delinquent notice was mailed will be noted.
 4. While entries should be made regarding the amount of costs, restitution, and/or fines, it is not necessary to maintain balances within the case notes.
 5. Offenders shall not be confronted with possible probation/parole violations for failure to meet financial obligations other than those which are conditions of probation/parole; however, the offenders shall be strongly encouraged to fulfill all financial obligations.
 6. Case conference entries will include the name and positions of those involved in the conference and summary of the conference results.
 7. The supervising officer will make a report of the offender's adjustment to supervision in the form of a closing case note entry when the offender's period of supervision has ended. This entry will summarize the offender's adjustment during the entire period of supervision.

- G.** A closing summary or a final progress reporting shall be prepared that summarizes the performance of the offender during the entire period of supervision. The closing summary or final progress report remains in the offender's supervision file. **[4-APPFS- 2A-13]**

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

ASSESSMENT - OFFICIAL RECORDS

Name: _____ **Screening Date:** _____
Offender#: _____ **DOB:** _____
Gender: _____ **Ethnicity:** _____
Scale Set: Core COMPAS Needs Assessment (Male Probationers)
 Screener Name: _____
Agency: _____

**Screening
Information**

**Reason for
Assessment: Non-
Complete Reason:** _____

OFFICIAL RECORDS

Current Charges

If the person is being assessed for a probation/parole violation or revocation as the result of a technical violation, check the current offense(s) in the current offenses table for which they were under supervision and reference the original offense(s) when answering current charges questions. If revoked or violated for a nontechnical violation (i.e., a new offense), check the offense(s) in the current offenses table, and count the offense(s) for which they were under supervision as prior history.

If the person was returned to prison as the result of a technical violation, check the current offense(s) in the current offenses table for which they were under supervision. If returned for a nontechnical violation (i.e. a new offense), check the offense(s) in the current offenses table, and count the offense(s) for which they were under supervision as prior history.

<input type="checkbox"/> Homicide	<input type="checkbox"/> Weapons	<input type="checkbox"/> Assault	<input type="checkbox"/>
<input type="checkbox"/> Robbery	<input type="checkbox"/> Burglary	<input type="checkbox"/> Property/Larceny	<input type="checkbox"/>
<input type="checkbox"/> Drug Trafficking/Sales	<input type="checkbox"/> Drug Possession/Use	<input type="checkbox"/> DUI/QUIL	<input type="checkbox"/> Other
<input type="checkbox"/> Sex Offense with Force	<input type="checkbox"/> Sex Offense w/o Force		

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

1. Do any current offenses involve family violence?
☐ No ☐ Yes
2. Which offense category represents the most serious current offense?
☐ Misdemeanor ☐ Non-violent Felony ☐ Violent Felony
3. Was this person on probation or parole at the time of the current offense?
☐ Probation ☐ Parole ☐ Both ☐ Neither
4. Based on the screener's observations, is this person a suspected or admitted gang member?
☐ No ☐ Yes

Criminal History

Exclude the current case for these questions.

5. How many times has this person been arrested before as an adult or juvenile (criminal arrests only)?
6. How many prior juvenile felony offense arrests?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
7. How many prior juvenile violent felony offense arrests?
☐ 0 ☐ 1 ☐ 2+
8. How many prior commitments to a juvenile institution?
☐ 0 ☐ 1 ☐ 2+

Note to Screener: The following Criminal History Summary questions require you to add up the total number of specific types of offenses in the person's criminal history. Count an offense type if it was among the charges or counts within an arrest event. Exclude the current case for the following questions.

9. How many times has this person been arrested for a felony property offense that included an element of violence?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
10. How many prior murder/voluntary manslaughter offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
11. How many prior felony assault offense arrests (not murder, sex, or domestic violence) as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

12. How many prior misdemeanor assault offense arrests (not sex or domestic violence) as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
13. How many prior family violence offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
14. How many prior sex offense arrests (with force) as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
15. How many prior weapons offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
16. How many prior drug trafficking/sales offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
17. How many prior drug possession/use offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
18. How many times has this person been sentenced to jail for 30 days or more?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
19. How many times has this person been sentenced (new commitment) to state or federal prison?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
20. How many times has this person been sentenced to probation as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Include the current case for the following question(s).

21. Has this person, while incarcerated in jail or prison, ever received serious or administrative disciplinary infractions for fighting/threatening other inmates or staff?
☐ No ☐ Yes
22. What was the age of this person when he or she was first arrested as an adult or juvenile (criminal arrests only)?

Non-Compliance

Include the current case for these questions.

23. How many times has this person violated his or her parole?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

24. How many times has this person been returned to custody while on parole?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
25. How many times has this person had a new charge/arrest while on probation?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
26. How many times has this person's probation been violated or revoked?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

INTerview

Family Criminality

The next few questions are about the family or caretakers that mainly raised you when growing up.

27. Which of the following best describes who principally raised you?
- ☐ Both Natural
- Parents ☐ Natural
- Mother Only ☐ Natural
- Father Only ☐
- Relative(s)
- ☐ Adoptive
- Parent(s) ☐ Foster
- Parent(s)
- ☐ Other arrangement
28. If you lived with both parents and they later separated, how old were you at the time?
- ☐ Less than 5 ☐ 5 to 10 ☐ 11 to 14 ☐ 15 or older ☐ Does Not Apply
29. Was your father (or father figure who principally raised you) ever arrested, that you know of?
- ☐ No ☐ Yes
30. Was your mother (or mother figure who principally raised you) ever arrested, that you know of?
- ☐ No ☐ Yes
31. Were your brothers or sisters ever arrested, that you know of?
- ☐ No ☐ Yes
32. Was your wife/husband/partner ever arrested, that you know of?
- ☐ No ☐ Yes
33. Did a parent or parent figure who raised you ever have a drug or alcohol problem?
- ☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

34. Was one of your parents (or parent figure who raised you) ever sent to jail or prison?
☐ No ☐ Yes

Peers

Please think of your friends and the people you hung out with in the past few (3-6) months.

35. How many of your friends/acquaintances have ever been arrested?
☐ None ☐ Few ☐ Half ☐ Most
36. How many of your friends/acquaintances served time in jail or prison?
☐ None ☐ Few ☐ Half ☐ Most
37. How many of your friends/acquaintances are gang members?
☐ None ☐ Few ☐ Half ☐ Most
38. How many of your friends/acquaintances are taking illegal drugs regularly (more than a couple times a month)?
☐ None ☐ Few ☐ Half ☐ Most
39. Have you ever been a gang member?
☐ No ☐ Yes
40. Are you now a gang member?
☐ No ☐ Yes

Substance Abuse

What are your usual habits in using alcohol and drugs?

41. Do you think your current/past legal problems are partly because of alcohol or drugs?
☐ No ☐ Yes
42. Were you using alcohol or under the influence when arrested for your current offense?
☐ No ☐ Yes
43. Were you using drugs or under the influence when arrested for your current offense?
☐ No ☐ Yes
44. Are you currently in formal treatment for alcohol or drugs such as counseling, outpatient, inpatient, residential?
☐ No ☐ Yes
45. Have you ever been in formal treatment for alcohol such as counseling, outpatient, inpatient, residential?

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

☐ No ☐ Yes

46. Have you ever been in formal treatment for drugs such as counseling, outpatient, inpatient, residential?

☐ No ☐ Yes

47. Do you think you would benefit from getting treatment for alcohol?

☐ No ☐ Yes

48. Do you think you would benefit from getting treatment for drugs?

☐ No ☐ Yes

49. Did you use heroin, cocaine, crack or methamphetamines as a juvenile?

☐ No ☐ Yes

Residence/Stability

50. How often do you have contact with your family (may be in person, phone, mail)?

☐ No family ☐ Never ☐ Less than once/month ☐ Once per week ☐ Daily

51. How often have you moved in the last twelve months?

☐ Never ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

52. Do you have a regular living situation (an address where you usually stay and can be reached)?

☐ No ☐ Yes

53. How long have you been living at your current address?

☐ 0-5 mo. ☐ 6-11 mo. ☐ 1-3 yrs. ☐ 4-5 yrs. ☐ 6+ yrs.

54. Is there a telephone at this residence (a cell phone is an appropriate alternative)?

☐ No ☐ Yes

55. Can you provide a verifiable residential address?

☐ No ☐ Yes

56. How long have you been living in that community or neighborhood?

☐ 0-2 mo. ☐ 3-5 mo. ☐ 6-11 mo. ☐ 1+ yrs.

57. Do you live with family—natural parents, primary person who raised you, blood relative, spouse, children, or boy/girl friend if living together for more than 1 year?

☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

58. Do you live with friends?

☐ No ☐ Yes

59. Do you live alone?

☐ No ☐ Yes

Social Environment

Think of the neighborhood where you lived during the past few (3-6) months.

60. Is there much crime in your neighborhood?

☐ No ☐ Yes

61. Do some of your friends or family feel they must carry a weapon to protect themselves in your neighborhood?

☐ No ☐ Yes

62. In your neighborhood, have some of your friends or family been crime victims?

☐ No ☐ Yes

63. Do some of the people in your neighborhood feel they need to carry a weapon for protection?

☐ No ☐ Yes

64. Is it easy to get drugs in your neighborhood?

☐ No ☐ Yes

65. Are there gangs in your neighborhood?

☐ No ☐ Yes

Education

Think of your school experiences when you were growing up.

66. Did you complete your high school diploma or GED?

☐ No ☐ Yes

67. What was your final grade completed in school?

68. What were your usual grades in high school?

☐ A ☐ B ☐ C ☐ D ☐ E/F ☐ Did Not Attend

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

69. Were you ever suspended or expelled from school?
☐ No ☐ Yes
70. Did you fail or repeat a grade level?
☐ No ☐ Yes
71. How often did you have conflicts with teachers at school?
☐ Never ☐ Sometimes ☐ Often
72. How many times did you skip classes while in school?
☐ Never ☐ Sometimes ☐ Often
73. How strongly do you agree or disagree with the following: I always behaved myself in school?
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
74. How often did you get in fights while at school?
☐ Never ☐ Sometimes ☐ Often

Vocation (Work)

Please think of your past work experiences, job experiences, and financial situation.

75. Do you have a job?
☐ No ☐ Yes
76. Do you currently have a skill, trade or profession at which you usually find work?
☐ No ☐ Yes
77. Can you verify your employer or school (if attending)?
☐ No ☐ Yes
78. How much have you worked or been enrolled in school in the last 12 months?
☐ 12 Months Full-time ☐ 12 Months Part-time ☐ 6+ Months Full-time ☐ 0 to 6 Months PT/FT
79. Have you ever been fired from a job?
☐ No ☐ Yes
80. About how many times have you been fired from a job?

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

81. Right now, do you feel you need more training in a new job or career skill?
☐ No ☐ Yes
82. Right now, if you were to get (or have) a good job how would you rate your chance of being successful?
☐ Good ☐ Fair ☐ Poor
83. How often do you have conflicts with friends/family over money?
☐ Often ☐ Sometimes ☐ Never
84. How hard is it for you to find a job ABOVE minimum wage compared to others?
☐ Easier ☐ Same ☐ Harder ☐ Much Harder
85. How often do you have barely enough money to get by?
☐ Often ☐ Sometimes ☐ Never
86. Has anyone accused you of not paying child support?
☐ No ☐ Yes
87. How often do you have trouble paying bills?
☐ Often ☐ Sometimes ☐ Never
88. Do you frequently get jobs that don't pay more than minimum wage?
☐ Often ☐ Sometimes ☐ Never
89. How often do you worry about financial survival?
☐ Often ☐ Sometimes ☐ Never

Leisure/Recreation

Thinking of your leisure time in the past few (3-6) months, how often did you have the following feelings?

90. How often did you feel bored?
☐ Never ☐ Several times/mo ☐ Several times/wk ☐ Daily
91. How often did you feel you have nothing to do in your spare time?
☐ Never ☐ Several times/mo ☐ Several times/wk ☐ Daily
92. How much do you agree or disagree with the following - You feel unhappy at times?
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
93. Do you feel discouraged at times?
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
☐

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

94. How much do you agree or disagree with the following -You are often restless and bored?
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
95. Do you often become bored with your usual activities?
☐ No ☐ Yes ☐ Unsure
96. Do you feel that the things you do are boring or dull?
☐ No ☐ Yes ☐ Unsure
97. Is it difficult for you to keep your mind on one thing for a long time?
☐ No ☐ Yes ☐ Unsure

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

SELF-REPORT

NAME: _____ **DATE:** _____

Think of your social situation with friends, family, and other people in the past few (3-6) months. Did you have many friends or were you more of a loner? How much do you agree or disagree with these statements?

98. "I have friends who help me when I have troubles."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
99. "I feel lonely."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
100. "I have friends who enjoy doing things with me."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
101. "No one really knows me very well."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
102. "I feel very close to some of my friends."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
103. "I often feel left out of things."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
104. "I can find companionship when I want."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
105. "I have a best friend I can talk with about everything."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
106. "I have never felt sad about things in my life."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

The next few statements are about what you are like as a person, what your thoughts are, and how other people see you. There are no 'right or wrong' answers. Just indicate how much you agree or disagree with each statement.

107. "I am seen by others as cold and unfeeling."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
108. "I always practice what I preach."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
109. "The trouble with getting close to people is that they start making demands on you."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

110. "I have the ability to "sweet talk" people to get what I want."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
111. "I have played sick to get out of something."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
112. "I'm really good at talking my way out of problems."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
113. "I have gotten involved in things I later wished I could have gotten out of."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
114. "I feel bad if I break a promise I have made to someone."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
115. "To get ahead in life you must always put yourself first."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

-
116. "Some people see me as a violent person."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
117. "I get into trouble because I do things without thinking."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
118. "I almost never lose my temper."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
119. "If people make me angry or lose my temper, I can be dangerous."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
120. "I have never intensely disliked anyone."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
121. "I have a short temper and can get angry quickly."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

The next statements are about your feelings and beliefs about various things. Again, there are no 'right or wrong' answers. Just indicate how much you agree or disagree with each statement.

122. "A hungry person has a right to steal."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
123. "When people get into trouble with the law it's because they have no chance to get a decent job."

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Male Offenders

- ☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
124. "When people do minor offenses or use drugs they don't hurt anyone except themselves."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
125. "If someone insults my friends, family or group they are asking for trouble."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
126. "When things are stolen from rich people they won't miss the stuff because insurance will cover the loss."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
127. "I have felt very angry at someone or at something."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
128. "Some people must be treated roughly or beaten up just to send them a clear message."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
129. "I won't hesitate to hit or threaten people if they have done something to hurt my friends or family."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
130. "The law doesn't help average people."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
131. "Many people get into trouble or use drugs because society has given them no education, jobs or future."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
132. "Some people just don't deserve any respect and should be treated like animals."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

MISC

Screener Judgement

133. In your professional judgement, do you agree: this person is not likely to comply with the conditions of release?
- ☐ Strongly Agree ☐ Agree ☐ Not Sure ☐ Disagree ☐ Strongly Disagree
134. How often do you think this person will spend time (hang out) with friends/associates who are likely to get him/her into trouble?
- ☐ Never ☐ Once A Month ☐ Several Times A Week ☐ Every Day
135. Using your professional judgement, do you agree that this person appears to have the history or characteristics that suggest a high risk of flight, absconding, and/or failure to appear?
- ☐ Strongly Agree ☐ Agree ☐ Not Sure ☐ Disagree ☐ Strongly Disagree
136. Using your professional judgement, rate the chances of this person committing any new (non-violent) crime during the first 24 months of community placement.
- ☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable
137. How would you rate the likelihood of this person becoming seriously involved with drugs/alcohol if placed in the community?
- ☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable
138. Using your professional judgement, rate the chances of this person committing a serious violent offense if placed in the community?
- ☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable
139. In your judgement, what is the likelihood of this person finding and keeping gainful employment?
- ☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

ASSESSMENT - OFFICIAL RECORDS

Name: _____ Screening Date: _____
Offender#: _____ DOB: _____
Gender: _____ Ethnicity: _____
Scale Set: Core COMPAS Needs Assessment (Female Probationers)
Screener Name: _____
Agency: _____

Screening Information

Reason for Assessment: _____
Non-Complete Reason: _____

OFFICIAL RECORDS

Current Charges

If the person is being assessed for a probation/parole violation or revocation as the result of a technical violation, check the current offense(s) in the current offenses table for which they were under supervision and reference the original offense(s) when answering current charges questions. If revoked or violated for a nontechnical violation (i.e., a new offense), check the offense(s) in the current offenses table, and count the offense(s) for which they were under supervision as prior history.

If the person was returned to prison as the result of a technical violation, check the current offense(s) in the current offenses table for which they were under supervision. If returned for a nontechnical violation (i.e. a new offense), check the offense(s) in the current offenses table, and count the offense(s) for which they were under supervision as prior history.

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

<input type="checkbox"/> Homicide	Weapons	Assault	<input type="checkbox"/> Arson
<input type="checkbox"/> Robbery	Burglary	Property/Larceny	<input type="checkbox"/> Fraud
<input type="checkbox"/> Drug Trafficking/Sales	Drug Possession/Use	DUI/OUIL	<input type="checkbox"/> Other
<input type="checkbox"/> Sex Offense with Force	Sex Offense w/o Force		

1. Do any current offenses involve family violence?
☐ No ☐ Yes
2. Which offense category represents the most serious current offense?
☐ Misdemeanor ☐ Non-violent Felony ☐ Violent Felony
3. Was this person on probation or parole at the time of the current offense?
☐ Probation ☐ Parole ☐ Both ☐ Neither
4. Based on the screener's observations, is this person a suspected or admitted gang member?
☐ No ☐ Yes

Criminal History

Exclude the current case for these questions.

5. How many times has this person been arrested before as an adult or juvenile (criminal arrests only)?
 6. How many prior juvenile felony offense arrests?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
 7. How many prior juvenile violent felony offense arrests?
☐ 0 ☐ 1 ☐ 2+
 8. How many prior commitments to a juvenile institution?
☐ 0 ☐ 1 ☐ 2+
-

Note to Screener: The following Criminal History Summary questions require you to add up the total number of specific types of offenses in the person's criminal history. Count an offense type if it was among the charges or counts within an arrest event. Exclude the current case for the following questions.

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

9. How many times has this person been arrested for a felony property offense that included an element of violence?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
10. How many prior murder/voluntary manslaughter offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
11. How many prior felony assault offense arrests (not murder, sex, or domestic violence) as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
12. How many prior misdemeanor assault offense arrests (not sex or domestic violence) as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
13. How many prior family violence offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
14. How many prior sex offense arrests (with force) as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
15. How many prior weapons offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
16. How many prior drug trafficking/sales offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
17. How many prior drug possession/use offense arrests as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3+
18. How many times has this person been sentenced to jail for 30 days or more?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
19. How many times has this person been sentenced (new commitment) to state or federal prison?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
20. How many times has this person been sentenced to probation as an adult?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Include the current case for the following question(s).

Has this person, while incarcerated in jail or prison, ever received serious or administrative disciplinary infractions for fighting/threatening other inmates or staff?

☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

21. What was the age of this person when he or she was first arrested as an adult or juvenile (criminal arrests only)?

Non-Compliance

Include the current case for these questions.

22. How many times has this person violated his or her parole?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
23. How many times has this person been returned to custody while on parole?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
24. How many times has this person had a new charge/arrest while on probation?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
25. How many times has this person's probation been violated or revoked?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

Interview

Family Criminality

The next few questions are about the family or caretakers that mainly raised you when growing up.

26. Which of the following best describes who principally raised you? ☐
Both Natural Parents ☐ Natural Mother Only ☐ Natural Father Only

☐ Relative(s) ☐ Adoptive Parent(s) ☐ Foster Parent(s) ☐ Other arrangement
27. If you lived with both parents and they later separated, how old were you at the time?
☐ Less than 5 ☐ 5 to 10 ☐ 11 to 14 ☐ 15 or older ☐ Does Not Apply
28. Was your father (or father figure who principally raised you) ever arrested, that you know of?
☐ No ☐ Yes
29. Was your mother (or mother figure who principally raised you) ever arrested, that you know of?
☐ No ☐ Yes
30. Were your brothers or sisters ever arrested, that you know of?
☐ No ☐ Yes
31. Was your wife/husband/partner ever arrested, that you know of?
☐ No ☐ Yes
32. Did a parent or parent figure who raised you ever have a drug or alcohol problem?
☐ No ☐ Yes
33. Was one of your parents (or parent figure who raised you) ever sent to jail or prison?
☐ No ☐ Yes

Peers

Please think of your friends and the people you hung out with in the past few (3-6) months.

34. How many of your friends/acquaintances have ever been arrested?
☐ None ☐ Few ☐ Half ☐ Most
35. How many of your friends/acquaintances served time in jail or prison?
☐ None ☐ Few ☐ Half ☐ Most

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

36. How many of your friends/acquaintances are gang members?
☐ None ☐ Few ☐ Half ☐ Most
37. How many of your friends/acquaintances are taking illegal drugs regularly (more than a couple times a month)?
☐ None ☐ Few ☐ Half ☐ Most
38. Have you ever been a gang member?
☐ No ☐ Yes
39. Are you now a gang member?
☐ No ☐ Yes

Substance Abuse

What are your usual habits in using alcohol and drugs?

40. Do you think your current/past legal problems are partly because of alcohol or drugs?
☐ No ☐ Yes
41. Were you using alcohol or under the influence when arrested for your current offense?
☐ No ☐ Yes
42. Were you using drugs or under the influence when arrested for your current offense?
☐ No ☐ Yes
43. Are you currently in formal treatment for alcohol or drugs such as counseling, outpatient, inpatient, residential?
☐ No ☐ Yes
44. Have you ever been in formal treatment for alcohol such as counseling, outpatient, inpatient, residential?
☐ No ☐ Yes
45. Have you ever been in formal treatment for drugs such as counseling, outpatient, inpatient, residential?
☐ No ☐ Yes
46. Do you think you would benefit from getting treatment for alcohol?
☐ No ☐ Yes
47. Do you think you would benefit from getting treatment for drugs?
☐ No ☐ Yes
48. Did you use heroin, cocaine, crack or methamphetamines as a juvenile?
☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

Residence/Stability

49. How often do you have contact with your family (may be in person, phone, mail)?
☐ No family ☐ Never ☐ Less than once/month ☐ Once per week ☐ Daily
50. How often have you moved in the last twelve months?
☐ Never ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+
51. Do you have a regular living situation (an address where you usually stay and can be reached)?
☐ No ☐ Yes
52. How long have you been living at your current address?
☐ 0-5 mo. ☐ 6-11 mo. ☐ 1-3 yrs. ☐ 4-5 yrs. ☐ 6+ yrs.
53. Is there a telephone at this residence (a cell phone is an appropriate alternative)?
☐ No ☐ Yes
54. Can you provide a verifiable residential address?
☐ No ☐ Yes
55. How long have you been living in that community or neighborhood?
☐ 0-2 mo. ☐ 3-5 mo. ☐ 6-11 mo. ☐ 1+ yrs.
56. Do you live with family—natural parents, primary person who raised you, blood relative, spouse, children, or boy/girl friend if living together for more than 1 year?
☐ No ☐ Yes
57. Do you live with friends?
☐ No ☐ Yes
58. Do you live alone?
☐ No ☐ Yes

Social Environment

Think of the neighborhood where you lived during the past few (3-6) months.

59. Is there much crime in your neighborhood?

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

☐ No ☐ Yes

60. Do some of your friends or family feel they must carry a weapon to protect themselves in your neighborhood?

☐ No ☐ Yes

61. In your neighborhood, have some of your friends or family been crime victims?

☐ No ☐ Yes

62. Do some of the people in your neighborhood feel they need to carry a weapon for protection?

☐ No ☐ Yes

63. Is it easy to get drugs in your neighborhood?

☐ No ☐ Yes

64. Are there gangs in your neighborhood?

☐ No ☐ Yes

Education

Think of your school experiences when you were growing up.

65. Did you complete your high school diploma or GED?

☐ No ☐ Yes

66. What was your final grade completed in school?

67. What were your usual grades in high school?

☐ A ☐ B ☐ C ☐ D ☐ E/F ☐ Did Not Attend

68. Were you ever suspended or expelled from school?

☐ No ☐ Yes

69. Did you fail or repeat a grade level?

☐ No ☐ Yes

70. How often did you have conflicts with teachers at school?

☐ Never ☐ Sometimes ☐ Often

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

71. How many times did you skip classes while in school?
☐ Never ☐ Sometimes ☐ Often
72. How strongly do you agree or disagree with the following: I always behaved myself in school?
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
73. How often did you get in fights while at school?
☐ Never ☐ Sometimes ☐ Often

Vocation (Work)

Please think of your past work experiences, job experiences, and financial situation.

74. Do you have a job?
☐ No ☐ Yes
75. Do you currently have a skill, trade or profession at which you usually find work?
☐ No ☐ Yes
76. Can you verify your employer or school (if attending)?
☐ No ☐ Yes
77. How much have you worked or been enrolled in school in the last 12 months?
☐ 12 Months Full-time ☐ 12 Months Part-time ☐ 6+ Months Full-time ☐ 0 to 6 Months PT/FT
78. Have you ever been fired from a job?
☐ No ☐ Yes
79. About how many times have you been fired from a job?

80. Right now, do you feel you need more training in a new job or career skill?
☐ No ☐ Yes
81. Right now, if you were to get (or have) a good job how would you rate your chance of being successful?
☐ Good ☐ Fair ☐ Poor
82. How often do you have conflicts with friends/family over money?
☐ Often ☐ Sometimes ☐ Never
83. How hard is it for you to find a job ABOVE minimum wage compared to others?

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

☐ Easier ☐ Same ☐ Harder ☐ Much Harder

84. How often do you have barely enough money to get by?

☐ Often ☐ Sometimes ☐ Never

85. Has anyone accused you of not paying child support?

☐ No ☐ Yes

86. How often do you have trouble paying bills?

☐ Often ☐ Sometimes ☐ Never

87. Do you frequently get jobs that don't pay more than minimum wage?

☐ Often ☐ Sometimes ☐ Never

88. How often do you worry about financial survival?

☐ Often ☐ Sometimes ☐ Never

Leisure/Recreation

Thinking of your leisure time in the past few (3-6) months, how often did you have the following feelings?

89. How often did you feel bored?

☐ Never ☐ Several times/mo ☐ Several times/wk ☐ Daily

90. How often did you feel you have nothing to do in your spare time?

☐ Never ☐ Several times/mo ☐ Several times/wk ☐ Daily

91. How much do you agree or disagree with the following - You feel unhappy at times?

☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

92. Do you feel discouraged at times?

☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

93. How much do you agree or disagree with the following -You are often restless and bored?

☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

94. Do you often become bored with your usual activities?

☐ No ☐ Yes ☐ Unsure

95. Do you feel that the things you do are boring or dull?

☐ No ☐ Yes ☐ Unsure

96. Is it difficult for you to keep your mind on one thing for a long time?

☐ No ☐ Yes ☐ Unsure

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

SELF-REPORT

NAME: _____ **DATE:** _____

Think of your social situation with friends, family, and other people in the past few (3-6) months. Did you have many friends or were you more of a loner? How much do you agree or disagree with these statements?

97. "I have friends who help me when I have troubles."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
98. "I feel lonely."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
99. "I have friends who enjoy doing things with me."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
100. "No one really knows me very well."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
101. "I feel very close to some of my friends."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
102. "I often feel left out of things."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
103. "I can find companionship when I want."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
104. "I have a best friend I can talk with about everything."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
105. "I have never felt sad about things in my life."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

The next few statements are about what you are like as a person, what your thoughts are, and how other people see you. There are no 'right or wrong' answers. Just indicate how much you agree or disagree with each statement.

106. "I am seen by others as cold and unfeeling."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
107. "I always practice what I preach."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
108. "The trouble with getting close to people is that they start making demands on you."

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

109. "I have the ability to "sweet talk" people to get what I want."

☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

110. "I have played sick to get out of something."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
111. "I'm really good at talking my way out of problems."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
112. "I have gotten involved in things I later wished I could have gotten out of."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
113. "I feel bad if I break a promise I have made to someone."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
114. "To get ahead in life you must always put yourself first."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
-

115. "Some people see me as a violent person."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
116. "I get into trouble because I do things without thinking."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
117. "I almost never lose my temper."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
118. "If people make me angry or lose my temper, I can be dangerous." ☐
Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
119. "I have never intensely disliked anyone."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
120. "I have a short temper and can get angry quickly."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
-

The next statements are about your feelings and beliefs about various things. Again, there are no 'right or wrong' answers. Just indicate how much you agree or disagree with each statement.

121. "A hungry person has a right to steal."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
122. "When people get into trouble with the law it's because they have no chance to get a decent job."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
123. "When people do minor offenses or use drugs they don't hurt anyone except themselves."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

124. "If someone insults my friends, family or group they are asking for trouble."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
125. "When things are stolen from rich people they won't miss the stuff because insurance will cover the loss."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

126. "I have felt very angry at someone or at something."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
127. "Some people must be treated roughly or beaten up just to send them a clear message."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
128. "I won't hesitate to hit or threaten people if they have done something to hurt my friends or family."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
129. "The law doesn't help average people."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
130. "Many people get into trouble or use drugs because society has given them no education, jobs or future."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree
131. "Some people just don't deserve any respect and should be treated like animals."
☐ Strongly Disagree ☐ Disagree ☐ Not Sure ☐ Agree ☐ Strongly Agree

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

MISC

Screener Judgement

132. In your professional judgement, do you agree: this person is not likely to comply with the conditions of release?
☐ Strongly Agree ☐ Agree ☐ Not Sure ☐ Disagree ☐ Strongly Disagree
133. How often do you think this person will spend time (hang out) with friends/associates who are likely to get him/her into trouble?
☐ Never ☐ Once A Month ☐ Several Times A Week ☐ Every Day
134. Using your professional judgement, do you agree that this person appears to have the history or characteristics that suggest a high risk of flight, absconding, and/or failure to appear?
☐ Strongly Agree ☐ Agree ☐ Not Sure ☐ Disagree ☐ Strongly Disagree
135. Using your professional judgement, rate the chances of this person committing any new (non-violent) crime during the first 24 months of community placement.
☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable
136. How would you rate the likelihood of this person becoming seriously involved with drugs/alcohol if placed in the community?
☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable
137. Using your professional judgement, rate the chances of this person committing a serious violent offense if placed in the community?
☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable
138. In your judgement, what is the likelihood of this person finding and keeping gainful employment?
☐ Highly Unlikely ☐ Unlikely ☐ Moderately Likely ☐ Probable ☐ Highly Probable

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

INTerview

Housing Safety

INTRODUCTION TO CLIENTS:

Now that we have talked about your education and employment, we are going to ask you some questions about your living situation.

SCORING: HOUSING SAFETY SCALE – These questions must be asked directly of the client.

139. Do you feel safe in your home?

☐ No ☐ Yes

140. Is your current housing stable? Can you count on being able to live there for the foreseeable future?

☐ No ☐ Yes

141. Is your home environment free of violence?

☐ No ☐ Yes

142. Is your home environment free of substance abuse?

☐ No ☐ Yes

Case Management Notes:

143. During the 18 months prior to your offense, how many times did you move your residence?

144. Will you be living on your own for the next several months?

☐ No ☐ Yes

If no, who will you be living with (relationship not name)?

145. Who are you living with at present (relationship not name)?

146. Are you at all concerned about your safety?

☐ No ☐ Yes

147. Within the last year, has domestic violence taken place in your home?

☐ No ☐ Yes

148. Do the police come into your neighborhood a lot?

☐ No ☐ Yes

Notes (Housing Safety):

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

Anger / Hostility

INTRODUCTION TO CLIENTS:

Now we are going to move on to some questions about how you feel. We'll talk about things like anger, depression, and other mental health issues that are common to many women.

SCORING: ANGER/HOSTILITY SCALE – These questions must be asked directly of the client. If there is evidence of violent offenses in the client's background, and the client does not relate to anger, create discrepancy. For example, "what was going on for you when that assaultive offense was committed?" Avoid interrogations, however.

149. Would you describe yourself as having a strong temper?
☐ No ☐ Yes
150. Do you have trouble controlling your temper when you get upset?
☐ No ☐ Yes
151. Were you angry or upset when you committed the present offense?
☐ No ☐ Yes
152. Within the past 3 years, have you ever hit/hurt anyone, including family members, when you were upset (exclude self-defense)?
☐ No ☐ Yes
153. Have these events ever resulted in involvement with child and family services or law enforcement?
☐ No ☐ Yes
154. Have any of these experiences occurred within the past 6 months (exclude self-defense)?
☐ No ☐ Yes
155. Within the past 6 months have you had any times when you think you got too aggressive when something made you angry?
☐ No ☐ Yes

Notes (Anger/Hostility):

Mental Health

SCORING: HISTORY OF MENTAL ILLNESS SCALE – These questions must be asked directly of the client.

156. Have you ever seen a mental health counselor/therapist, psychologist, or psychiatrist for help with a problem? (Do not count prison intake interviews.)
☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

157. Have you ever been diagnosed with mental illness?

☐ No ☐ Yes

158. Have you ever taken any prescribed medication to help you feel better emotionally?

☐ No ☐ Yes

159. Have you ever seen things or heard voices that were not really present?

☐ No ☐ Yes

160. Have you ever attempted suicide?

☐ No ☐ Yes

161. Have you ever been hospitalized or placed in a mental health unit for any of these or other types of mental health problems?

☐ No ☐ Yes

Notes (History of Mental Illness):

Current Symptoms

INTRODUCTION TO CLIENTS:

Okay, let's talk about how you've been feeling over the last several days.

SCORING: MENTAL HEALTH: DYNAMIC SCALES OF CURRENT SYMPTOMS – These questions must be asked directly of the client.

162. Are you experiencing problems concentrating or staying focused?

☐ No ☐ Yes

163. Are you experiencing mood swings --- too many ups and downs?

☐ No ☐ Yes

164. Are you experiencing a loss of appetite?

☐ No ☐ Yes

165. Are you having many thoughts that others are out to harm you?

☐ No ☐ Yes

166. Are you experiencing fears about the future, which are difficult to cope with?

☐ No ☐ Yes

167. Are you having any trouble sleeping because you are too worried about things?

☐ No ☐ Yes

168. Are you worrying so much about things that you have trouble getting going and getting things done?

☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

169. Are you seeing things or hearing voices that are not really present?

☐ No ☐ Yes

Case Management Notes:

170. Are you currently taking any prescribed medication to help with any of these problems?

☐ No, I have no need for such medication.

☐ No, but I am in need of medication for these problems.

☐ Yes, I take medication which seems to help.

☐ I take medication, but it does not help

☐ I have not taken medication for any of these problems even though I have them.

171. Are you experiencing any suicidal thoughts? If YES, follow agency policy.

☐ No ☐ Yes

Notes (Current Symptoms):

Abuse / Trauma

INTRODUCTION TO CLIENTS:

I am going to ask you some questions about whether or not you have been physically or sexually abused as a child or an adult. There are only four questions in this section, and if the questions are too difficult to answer, we will just move on to the next section. Please understand that the types of experiences that we would consider to be abusive include hitting, slapping, pushing, kicking, and threatening to hurt you.

SCORING: ABUSE/TRAUMA SCALES – These questions must be asked directly of the client.

☐ Move on to the next section.

172. Have you ever experienced physical abuse as an adult?

☐ No ☐ Yes

173. Have you ever experienced physical abuse as a child?

☐ No ☐ Yes

174. Have you ever experienced sexual abuse as an adult?

☐ No ☐ Yes

175. Have you ever experienced sexual abuse as a child?

☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

SCORING: PTSD SCALE – These questions must be asked directly of the client.

In your life have you ever had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH you (check any that apply):

176. Have had nightmares about it OR thought about it when you did not want to.

☐ No ☐ Yes

177. Tried hard not to think about it OR went out of your way to avoid situations that reminded you of it.

☐ No ☐ Yes

178. Were constantly on guard, watchful, or easily startled.

☐ No ☐ Yes

179. Felt numb or detached from others, activities or your surroundings.

☐ No ☐ Yes

Case Management Notes:

180. Are you currently being stalked or emotionally abused (humiliated, threatened, harshly ridiculed) by someone close to you? If yes, follow agency policy.

☐ No ☐ Yes

Notes (Abuse/Trauma):

Significant Other / Spouse

INTRODUCTION TO CLIENTS:

In the next couple of sections I'm going to ask you some questions about your relationships with significant others, your children, and your immediate family. First let's talk about your relationships with significant others.

SCORING: RELATIONSHIPS – These questions must be asked directly of the client. These items are case management notes only and are not included in the scoring process.

181. Are you currently involved with a significant other?

☐ No ☐ Yes

If yes, how long have you been involved with this person? (years)

182. Have you been involved with this person for 6 or more years?

☐ No ☐ Yes

183. Are you married (include common-law and domestic partnerships)?

☐ No ☐ Yes

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

184. Is this relationship satisfying to you (i.e., does it make you happy at the present time?)

☐ No ☐ Yes

Notes (Relationship Stability):

Parental Involvement

INTRODUCTION TO CLIENTS:

Now, let's talk about your children.

SCORING: PARENTAL INVOLVEMENT SCALE – These questions must be asked directly of the client.

185. Do you have any children who are 18 or younger?

☐ No ☐ Yes

186. Do you have shared or full custody of your children?

☐ No ☐ Yes

187. If any children live with the client, score YES. If no children live with the client: Do you maintain at least monthly contact with any children by letter, telephone, or visits?

☐ No ☐ Yes

188. Are you involved in important decisions regarding your children (e.g., school-related, health, outside activities)?

☐ No ☐ Yes

189. Do you feel prepared to be a good parent?

☐ No ☐ Yes

190. Are you having any difficulty obtaining or maintaining custody of your children?

☐ No ☐ Yes

Case Management Notes:

191. Are you a single parent?

☐ No ☐ Yes

192. Have you ever been investigated for abuse/neglect of a child (e.g., by police, children services, school)?

☐ No ☐ Yes

Notes (Parenting):

Family of Origin

INTRODUCTION TO CLIENTS:

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

In this last section we are going to talk about your family. Here we only want to focus on your close biological or adoptive family members.

SCORING: FAMILY OF ORIGIN SCALES – These questions must be asked directly of the client.

193. How is your relationship with your family (check the answer that best applies)?
- ☐ Good, just minor conflicts
- ☐ Conflictual some of the time (mixed)
- ☐ Conflictual most of the time
194. Do you maintain at least monthly contact with any family?
- ☐ No ☐ Yes
195. Does your family currently refuse to communicate with you because they are angry with you?
- ☐ No ☐ Yes
196. Does your family tend to be critical of you when they communicate with you?
- ☐ No ☐ Yes
197. Does your family encourage you to participate in programs, classes, or treatment sessions that might help you to avoid trouble in the future (e.g., or come to terms with substance abuse, etc.)?
- ☐ No ☐ Yes
198. Do any members of your family offer to help you meet some of the conditions of your probation (e.g., offer childcare, housing, financial support, transportation)?
- ☐ No ☐ Yes
199. Have any close family members ever been in trouble with the law or had problems with substance abuse or domestic violence?
- ☐ No ☐ Yes

Case Management Notes:

200. Does the client indicate that she has no family?
- ☐ No ☐ Yes

Notes (Family of Origin):

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

SELF-REPORT

Significant Other / Relationship

The following questionnaire asks about issues that have a special interest to women such as relationships, selfconfidence, abuse, and parenting. These questions are designed to help us find appropriate programming for you as you complete this period of supervision. Please answer them as honestly as you can.

RELATIONSHIP SCALES : The next questions ask you about your relationships with your significant others. In answering these questions please think of your most recent intimate relationship(s). This may include boyfriends/girlfriends, significant others, romantic partners, spouses, etc.

201. In general, would you describe these relationships as supportive and satisfying?
☐ No ☐ Yes
202. Do you get into relationships that are painful for you? Or is your present relationship a painful one?
☐ No ☐ Yes
203. Have significant others loved and appreciated you for who you are?
☐ Often ☐ Sometimes ☐ Seldom/Never
204. Do you find yourself more likely to get in trouble with the law when you are in a relationship than when you are not in a relationship?
☐ Often ☐ Sometimes ☐ Seldom/Never
205. Do you tend to get so focused on your partner that you neglect other relationships and responsibilities?
☐ Often ☐ Sometimes ☐ Seldom/Never
206. Have partner(s) been able to convince you to get involved in criminal behavior?
☐ Often ☐ Sometimes ☐ Seldom/Never

Self Efficacy

SHERER SELF-EFFICACY SCALE : Please check the response that best describes you.

207. When you make plans, are you fairly certain that you can make them work?
☐ Often ☐ Sometimes ☐ Seldom/Never
208. Do you have problems getting down to work when you should?
☐ Often ☐ Sometimes ☐ Seldom/Never
209. Are you pretty persistent --- like if you can't do a job the first time, do you keep trying until you can?
☐ Often ☐ Sometimes ☐ Seldom/Never

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

210. When you set important goals for yourself, do you have trouble achieving them?
☐ Often ☐ Sometimes ☐ Seldom/Never
211. Do you give up on things before completing them?
☐ Often ☐ Sometimes ☐ Seldom/Never
212. Do you avoid facing difficulties?
☐ Often ☐ Sometimes ☐ Seldom/Never
213. When something looks complicated, do you avoid trying to do it?
☐ Often ☐ Sometimes ☐ Seldom/Never
214. When you have something unpleasant to do, do you stick to it until you finish it?
☐ Often ☐ Sometimes ☐ Seldom/Never
215. When you decide to do something, do you go right to work on it?
☐ Often ☐ Sometimes ☐ Seldom/Never
216. When you try to learn something new, do you tend to give up if you are not initially successful?
☐ Often ☐ Sometimes ☐ Seldom/Never
217. When unexpected problems occur, do you handle them well?
☐ Often ☐ Sometimes ☐ Seldom/Never
218. Do you avoid trying to learn new things when they look too difficult?
☐ Often ☐ Sometimes ☐ Seldom/Never
219. Does failure just make you try harder?
☐ Often ☐ Sometimes ☐ Seldom/Never
220. Do you feel insecure about your ability to do things?
☐ Often ☐ Sometimes ☐ Seldom/Never
221. Can you depend on yourself?
☐ Often ☐ Sometimes ☐ Seldom/Never
222. Do you give up easily?
☐ Often ☐ Sometimes ☐ Seldom/Never
223. Do you feel capable of dealing with most problems that come up in life?
☐ Often ☐ Sometimes ☐ Seldom/Never

Parenting / Children

3. PARENTING SCALE : In this last section we are going to ask you questions about your life with your children.

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Assessment – Female Offenders

Please tell us whether or not you agree with the following statements. Please check the response that best describes you.

224. Have you ever had a period of ongoing contact with your children?
☐ No ☐ Yes
225. I have many people I can lean on, who would help me out during tough times.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
226. I believe that I am admired and praised by the people in my life. They think that I am worthy and important.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
227. The people in my life have confidence in me and expect that I will do the right thing and make good decisions.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
228. No one has ever really listened to me.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
229. Raising children is a nerve-racking job.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
230. My life seems to have been one crisis after another
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
231. I go through times when I feel helpless and unable to do the things I should.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
232. Sometimes I just feel like running away
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
233. Most of the time, I get no support from the children's father (or stepfather/co-parent).
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
234. Raising children is harder than I expected.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
235. I have trouble keeping my kids from misbehaving.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
236. My children are difficult to control.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Case Supervision Review Instrument



COMPAS
CASE SUPERVISION
REVIEW INSTRUMENT

For Additional Support: Northpointe Institute for
Public Management
T: 231.938.5959
F: 231.938.5995 www.northpointeinc.com
info@npipm.com

COMPAS CASE SUPERVISION REVIEW INSTRUMENT

Last Review Date:	Department:
Supervision Level at Time of Review:	Agency/Site:

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Case Supervision Review Instrument



Current Review Date:	ID# (COMPAS ID # if available):
Status: (Parole or Probation)	Last Name:

Residential Stability

1. How often has the person moved since last review? (Exclude supervised housing—e.g., half-way housing, residential programs, DOC placed shelter, etc.).

- ☐ None ☐ One ☐ Two ☐ Three or more

2. Does the person have a stable/favorable living situation? (excluding any of the above)?

- ☐ Yes ☐ No ☐ Living in Supervised Housing

3. How long has the person lived at their current address?

- ☐ 0-5 Months ☐ 6-11 Months ☐ 1-3 Years ☐ 4+ Years

4. How long has the person been living in their community or neighborhood?

- ☐ 0-2 Months ☐ 3-5 Months ☐ 6-11 Months ☐ 1+ Years

5. Has the person improved the stability/favorability of their residence since last review?

- ☐ Yes ☐ Same ☐ Worsened

Vocation/Education

6. Does the person currently have a job?

- ☐ Yes ☐ No

If employed, is the person satisfied with their job?

- ☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied ☐ N/A

If NOT currently employed, are they:

- ☐ Retired or Disabled ☐ Homemaker

7. Can you verify their employer?

- ☐ Yes ☐ No

8. How much has the person worked or been enrolled in school since last review?

- ☐ 6 months FT ☐ 6 months PT ☐ <6 months FT ☐ <6 months PT

9. Has the person lost, been fired from a job or dropped out of school since last review?

- ☐ Yes ☐ No ☐ N/A

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Case Supervision Review Instrument



Family

10. Is the person married or involved in a long-term relationship?

- ☐ Yes ☐ No

If yes, is the person satisfied with the relationship?

- ☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

11. Does the person have children under 18 for whom they are legally responsible (biological, adopted, foster, stepchild), or are they in a long term relationship with a significant other who has minor children?

- ☐ Yes ☐ No

If yes, does the person have a good relationship with the children? Is the person satisfied with the relationship?

- ☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Motivation/Compliance/Peers/Stressors

12. Is the person complying with (or have they completed) their mental health treatment plan, including if prescribed, taking their medication?

- ☐ Yes ☐ No ☐ N/A

13. Is the person motivated to address issues necessary for successfully completing their term of supervision?

- ☐ Very Motivated ☐ Somewhat Motivated ☐ Somewhat Unmotivated ☐ Very Unmotivated

14. Currently, do you suspect the person is regularly associating with anti-social peers or associates?

- ☐ Yes ☐ No ☐ Unknown

15. How many of the person's current friends or associates do you suspect have ever been arrested or served time in jail?

- ☐ None ☐ Few ☐ Unknown

16. Have any significant life stressor events occurred since last review i.e., financial problems, divorce, death of loved one, child support/estrangement, etc.

- ☐ Yes ☐ No ☐ Unknown

17. Number of positive drug and /or alcohol tests since last review (includes soft and hard drugs).

- ☐ None ☐ One ☐ Two or more

18. Is the person's use of drugs or alcohol significantly impairing their day-to-day functioning (i.e., work, family, social, etc.)?

- ☐ Yes ☐ No ☐ N/A

PLEASE USE OFFICIAL RECORDS TO VERIFY

19. Any new criminal arrest since last review?

Default to Highest Range of Any Arrest!

- ☐ None ☐ One/Two ☐ three or more

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Case Supervision Review Instrument



PLEASE USE OFFICIAL RECORDS TO VERIFY

20. Any technical violation type events which required a formal or administrative response since last review?

Default to Highest Range of Any Arrest!

☐ None ☐ One/Two ☐ three or more

21. Is the person for the most part complying with their conditions of probation/parole since last review?

☐ Yes ☐ No ☐ N/A

22. Changes in Criminogenic Need- As rated by Supervising Officer (since last review).

Criminogenic Need	Not Present	Resolved/Stable	Positive Change	No Change	Negative Change	Substance
Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Criminal Associates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Financial Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Employment/Vocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cognitive/Crim. Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Unstructured/Idle Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Residential Instability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

23. Is there general progress with resolution of their criminogenic needs since last review?

☐ Yes ☐ No ☐ N/A

Recommendations for Supervision Level Adjustment:

Scores

Lowest Range: -4 and below

Medium Range: -3 to 6

Highest Range: 7 and above

Supervision Recommendation

Consider Lowering Supervision Level or Early Discharge

Maintain Current Supervision Level

Consider Raising Supervision Level

In case of any new arrest or technical violation and a total score below 7: Override Total Score and Consider Raising Supervision Level!

Current Supervision Level: _____

Recommended Supervision Level: _____

NEW MEXICO CORRECTIONS DEPARTMENT
COMPAS Case Supervision Review Instrument



Override: Yes No

Override Reason: _____

Comments:

Approved by Supervisor: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Program
Contract Conditions

THIS CONTRACT is made and entered into by and between, The Community Corrections Program, hereinafter referred to as the "program" and _____, ☐ a probationer ☐ a parolee ☐ community corrections reintegration program release participant, hereinafter referred to as "the offender."

(Please initial on the designated line before each stated condition, indicating your understanding and agreement of each condition, at the time the Probation and Parole Officer reviews them with you.)

I. LENGTH OF PROGRAM

- _____ A. As an offender on probation or parole supervision, the minimum length of time I must remain in the community corrections program is six (6) months. As a CCRP inmate, the minimum lengths of time I must remain in the community corrections program is three (3) months and understand that I must remain in the program for the entire remainder of my prison sentence.
- _____ B. I understand that the length of my participation in the program can exceed the minimum if I fail to meet the program requirements or I fail to comply with treatment or supervision requirements.
- _____ C. I understand that I will be assessed immediate sanctions for any occasion of non-compliance. Sanctions may include but not be limited to: electronic monitoring, and or alcohol, curfews, phone check-ins, additional community service, additional treatment sessions or support group meetings, additional office visits, house arrest, return to jail or prison.
- _____ D. I understand that I will pay a minimum of \$_____ per month Community Corrections Fee throughout my participation in this program. I am also responsible for all other fines and fees while in this program.

II. EMPLOYMENT, TRAINING AND EDUCATION

- _____ A. I will obtain employment within thirty (30) days of the date of this contract, unless I am unable to work for certified medical reasons or attending school full-time. I will provide verification of employment or school attendance or a certification for any medical condition which prohibits my ability to work.
- _____ B. I will not miss work, training or educational program/classes for any reason except for an illness or emergency. In the event of an illness or emergency, I understand that I must get approval from my Probation and Parole Officer or Case Manager prior to my absence. Any unexcused absences will be considered non-compliance.

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Program
Contract Conditions

- _____ C. I understand that as a participant of this program, reporting requirements and/or aspects of required programming will be increased when I am unemployed or not attending school full-time.
- _____ D. I will report all money I receive and the source of that money to my Probation and Parole Officer.

III. TREATMENT PROGRAMS AND APPOINTMENTS

- _____ A. I will show up on time for all scheduled appointments that are made for me and/or by me. I will not miss any scheduled appointments without first receiving permission from my Probation and Parole Officer for the absence. I will provide documentation demonstrating the necessity of any excused absence to my Probation and Parole Officer. Any unexcused absence will be considered non-compliance.
- _____ B. I will participate in all counseling or treatment programs recommended by my Probation and Parole Officer and I will obey all rules required by each program.
- _____ C. I will attend any support group, i.e., AA, NA, (or any other support group) recommended by my Probation and Parole Officer and I will provide proof of my attendance.
- _____ D. I will submit to all urine tests, breath alcohol or blood tests as ordered by my Probation and Parole Officer.

IV. LIVING ENVIRONMENT

- _____ A. I will report to my Probation and Parole Officer, immediately following the occurrence of any and all disagreements or problems I am having or have had with my landlord, apartment manager, parents or roommates that may immediately affect my current residence. If the disagreement or problem does not immediately affect my residence, then I will report the occurrence of said disagreements or problems within forty-eight (48) hours.
- _____ B. At any time during my participation in this program, I may be placed on a specific curfew. If placed on a curfew, I will not leave my place of residence, known to my Probation and Parole Officer, until such time as the curfew allows.
- _____ C. At any time during my participation in this program, I may be placed on GPS and/or other forms of electronic monitoring or GPS. If placed on GPS and/or other forms of electronic monitoring, I agree to provide adequate telephone service to support the electronic monitoring equipment needs.

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Program
Contract Conditions

- _____ D. I will allow my Probation and Parole Officer or their designee to visit me at home or elsewhere as often as they feel necessary and I will submit to a search of my person, residence, automobile, and personal belongings, upon any request by my Probation and Parole Officer or their designee to do so.

V. REPORTING

- _____ A. I will report to my Probation and Parole Officer as directed. I understand that my Probation and Parole Officer will develop specific requirements as I transition to each phase of programming and will review those requirements with me. Phase requirements will include reporting requirements, drug testing requirements, treatment requirements, and community service requirements and may include additional program requirements such as curfews, GPS and/or other forms of electronic monitoring.
- _____ B. I understand that the initial phase of programming will be the most restrictive and as I remain in compliance and complete program requirements for each phase, I will transition to less restrictive phases of programming until full completion of the program.
- _____ C. I understand that non-compliance at any phase of programming may cause me to be assessed back to a more restrictive phase or terminated from the program.
- _____ D. I will not miss a scheduled report date or time without prior permission of my Probation and Parole Officer. Any unexcused missed reporting contact will be considered non-compliance.
- _____ E. I will report to my Probation and Parole Officer, within 48 hours of occurrence, all of the following: all contacts with law enforcement agencies including arrests, detention, questioning and traffic citations, any discharge from employment, change in residence, and/or change in phone numbers.

VI. OTHER REQUIREMENTS

- _____ A. I will not do anything that will violate my conditions of release as stipulated in my Probation Orders, Parole Certificate, and/or Community Corrections Reintegration Conditions.
- _____ B. I will perform required community service as assigned by my Probation and Parole Officer. I will complete a minimum of four (4) hours of community service per month if employed full-time or enrolled in school full-time or any combination of the two when together are equivalent to full-time status. I shall complete a minimum of ten (10) hours of community service per month if I am unemployed or my employment and/or enrollment in school is equivalent to part-time.

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Program
Contract Conditions

- _____ C. I will not offer a gift or bribe to any staff member of or associated in any way with, the program.
- _____ D. In the absence of my assigned Probation and Parole Officer, I will abide by the instructions of my Probation and Parole Officer's supervisor or their representative.
- _____ E. I understand that any time during my participation in a community corrections program, additional conditions, determined to be necessary for my continued participation and that meets my treatment needs, may be required of me. In addition, I understand that I will be required to participate on each phase for a minimum of 60 days and that based upon my performance during any phase, I may be promoted or demoted to a different phase.
- _____ F. I will not leave the County in which I am supervised without prior written permission of my Probation Parole Officer.

Additional Conditions:

- _____ 1. _____
- _____ 2. _____
- _____ 3. _____
- _____ 4. _____
- _____ 5. _____

I, _____, the offender, have initialed before each condition above acknowledging that I understand each condition of this contract and that I understand I must obey each of the contract conditions and program rules listed herein. I also understand that participating in the program is now a condition of my: ☐ probation ☐ parole or ☐ Community Corrections Reintegration Program inmate status. By affixing my signature below, I hereby agree to abide by, and strictly obey each and every one of the contract conditions and program rules and affirm that I am in receipt of the contract.

SIGNED this _____ day of _____, 20____.

Signature of Offender

WITNESSED by _____ on this _____ day of _____, 20____.

Signature of Witness

**NEW MEXICO CORRECTIONS DEPARTMENT
PROBATION PAROLE DIVISION
OFFENDER ORIENTATION HANDBOOK**

This handbook has been prepared to help you understand your term of supervision in the community. Read it carefully and if you have any questions, discuss them with your supervising Probation Parole Officer. This book tells you what is expected of you and what you can expect in general. It does not address your specific conditions of supervision, which vary from case to case. Remember that you are responsible for being aware of those conditions and abiding by them. Successful completion of your term of supervision is the goal of the Probation Parole Division. Make it your goal too and you can look forward to a successful discharge from supervision.

CIVIL RIGHTS INFORMATION

By New Mexico law, any person convicted of a crime punishable by imprisonment for a period of one year or more, even though the sentence is suspended or deferred, loses the following civil rights upon conviction:

1. The right to vote
2. The right to bear arms, and
3. The right to hold elected public office.

Federal law also prohibits such persons from possessing, receiving, shipping or transporting firearms or ammunition, upon penalty of not more than ten years imprisonment and/or a fine not to exceed \$250,000 and a mandatory term of supervised release of not more than 2 years nor more than 3 years (18 U.S.C., Sections 1922g1 and 1924a2).

If your sentence was suspended, these rights may be restored to you by a grant of Executive Clemency (also known as a pardon), in accordance with the Governor's Executive Clemency Policy. (If you have a felony conviction from another state as well, you must seek a pardon from the Governor of that state). If you have successfully completed the terms of your supervision, you may request of your Probation/Parole Officer a Certificate of Completion of Sentence. By taking this document to the County Clerk's office you may have your rights restored. *(Your right to vote is automatically restored upon completion of your sentence and it is not necessary to take the Certificate of Completion of Sentence to the County Clerk.)*

If your sentence was deferred, your rights are restored by receipt of an Order of Dismissal from the sentencing judge after you complete probation. If you have specific questions about the restoration of your rights, you should contact your attorney.

Additionally, the State of New Mexico has the power to refuse to grant or renew (and may suspend or revoke) public employment or a license to conduct certain trades, businesses and professions when a person has been convicted of a felony or certain misdemeanors (Section 228-2-1 through 6, NMSA, 1978) A pardon is generally not required to restore the ability to be licensed, however, at a minimum, you must satisfactorily complete your term of probation or parole.

CODE OF ETHICS

- A. Employees of the Corrections Department are subject to a strict Code of Ethics, as expressed in NMCD Policy CD-032200. The Code of Ethics is available at the NMCD website, under NMCD policies, at <http://cd.nm.gov/policies/policies.html>. Offenders are encouraged to review the Code of Ethics and may

request guidance related to the Code of Ethics from their Supervising Officer or any other NMCD employee. NMCD has a zero tolerance policy for any unprofessional, unethical, dishonest, or illegal conduct by its employees.

- B. The chief purpose of the Corrections Department is to enforce the commitment orders of the courts and to supervise offenders under its charge, while aiding them in their rehabilitation process.
- C. Staff cannot discriminate against any probationer or parolee on the basis of race, color, sex, religion, national origin, age or disability.
- D. Staff cannot have undue familiarity or any sort of financial or business transactions with probationers or parolees or their immediate families, agents or close friends. Staff cannot give or accept any gifts or gratuities to or from, or engage in any personal business with probationers or parolees or their immediate families, agents or close friends. Undue familiarity is that degree of familiarity with such a person that goes beyond the degree of familiarity necessary for the employee to perform his or her duties on behalf of the NMCD. Undue familiarity includes, but is not limited to, the following:
 - 1. Any financial or business transactions,
 - 2. Loaning or giving items,
 - 3. Writing or exchanging notes, letters or pictures,
 - 4. Engaging in telephone conversations,
 - 5. Spending an unusual amount of time alone with offenders, except as necessary to perform duties on behalf of the NMCD.
 - 6. Displays of affection toward or an intimate or personal relationship;
 - 7. Sexual misconduct, meaning any behavior or act of a sexual nature towards an offender, including:
 - Sexual assault;
 - Sexual abuse;
 - Sexual contact;
 - Conduct of a sexual nature;
 - Kissing and or hugging;
 - Sexual gratification of any party;
 - Obscenity or unreasonable invasion of privacy;
 - Conversations or correspondence of a romantic, intimate, or sexual nature between an offender and any NMCD employee, contractor, volunteer, visitor, or NMCD representative.

GRIEVANCE PROCEDURE

All persons supervised by the New Mexico Corrections Department Probation Parole Division have a right to communicate their concerns regarding any actions that they feel might violate their rights. The offender grievance procedure is available at the NMCD website, under NMCD policies, at <http://cd.nm.gov/policies/policies.html> in CD-050300 PPD Citizen Complaint and Offender Grievances. Any offender who has a grievance will first seek informal resolution (either verbally, in writing, or via the 1-800 number listed below) and will exhaust all other available administrative remedies prior to using the grievance process. After all informal remedies are exhausted with no resolution, the offender may then request an Offender Grievance Form (*CD-050302.1*) from the District Supervisor. The offender will state the grievance on the form, using the backside if necessary. One 8.5 x 11 page may be added, if necessary. Grievances exceeding this length will be returned to the offender without response by the district supervisor, or other reviewing authority. The complaint must be filed with the District Supervisor within 15 calendar days of the incident in

which the aggrieved action occurred. The District Supervisor will respond to the grievance within ten working days of receipt.

If the probationer or parolee feels the District Supervisor's response was not satisfactory, an appeal may be made to the Region Manager within ten calendar days of the receipt of the District Supervisor's response.

A grievance form sent directly to the region manager without first filing with the district supervisor will be returned to the offender to follow proper procedure. If the offender believes that the complaint is of a sensitive or an emergency nature or that there may be adverse effects by the submission of the complaint at the district level, the offender may address the complaint directly to the region manger.

If the offender chooses to submit the grievance directly to the region manager, they must indicate a valid reason for not bringing the complaint to the attention of the district supervisor. If the offender does not provide a reason, or the reason supplied is not adequate, the grievance shall be denied and returned to the offender with a written explanation.

Abuse or misuse of the grievance process will result in the offender having to show cause before being permitted to grieve. Each grievance will include a single written complaint.

All offender grievance records will be treated as confidential and will be maintained in a separate district file. Access is limited to corrections employees who have need for such information to carry out the performance of their duties.

Offenders shall not be subject to retaliation, reprisal or discipline for the legitimate use of the grievance procedure.

Employees engaging in reprisals against inmates for good faith use of, or participation in, the grievance procedure shall be subject to disciplinary action.

NON GRIEVABLE ACTIONS: The offender grievance process may not be used to appeal the disposition of violation allegations, any actions outside the control of Division staff (such as actions of the Courts or Parole Board), the scoring of Risk/Needs Assessments or the terms of any Intensive Supervision contracts or Community Corrections contracts. Additional information concerning the grievance process can be obtained from the Probation Parole Office.

SEX OFFENDER REGISTRATION

The New Mexico Sex Offenders Act requires all persons convicted of a sex offense on or after July 1, 1995, or any person who changes his or her residence to New Mexico, when that person has been convicted of a sex offense in another state on or after July 1, 1995, to register with the county sheriff of the county in which the sex offender resides. All registered sex offenders must notify the local sheriff's office within 10 days (5 days if convicted on or after July 1, 2013) of any change in address, employment or phone number. A sex offender who willfully fails to comply with the registration requirements is guilty of a misdemeanor and shall be punished by imprisonment for a definite term less than one year or a fine of not more than one thousand dollars (\$1000), or both. After July 1, 2000, failure to register or to report a change in address, employment or phone number will be considered to be a fourth degree felony and shall be punishable by imprisonment of 18 months or a fine of \$5000, or both.

FEE AND RESTITUTION COLLECTION

Since you are under Probation and/or Parole supervision, the sentencing Court or Parole Board may have ordered you to pay supervision fees, which are collected on a monthly basis. You may also have been ordered to pay restitution. Your supervising Officer will work with you to develop a payment schedule for which you will be held responsible. Other ordered costs/fees may include court fines and DNA Identification fees. Your supervising Officer will also develop a payment plan for you concerning these financial obligations.

All payments **must** be made in the form of a **money order or cashier's check**. Probation and Parole fees are payable to the NM Corrections Department, while restitution payments will be made out to the victim, whose name(s) your Probation Parole Officer will provide you. **CASH, PERSONAL CHECKS, BUSINESS CHECKS, THIRD PARTY CHECKS WILL NOT BE ACCEPTED FOR PAYMENT**. When you make any payment, you will not receive a receipt; however, you may request a printout of your Transaction History at any time. It is your responsibility to make all required payments. Your Probation Parole Officer will give you a Remittance Slip to send with each payment as well as a mailing envelope. You must put a stamp for first-class postage on the envelope or drop off to the Probation/Parole District Office. All payments must be mailed to:

New Mexico Corrections Department
Probation & Parole Division
PO Box 27116
Santa Fe, NM 87502-0116

Payment of fees and/or restitution is not to be taken lightly. Failure to maintain your payments is cause for your Officer to file a Violation Report with the Court and/or Parole Board and could result in the revocation of your probation and/or parole.

HOW TO CONTACT PROBATION AND PAROLE DIVISION STAFF IN CASE OF AN EMERGENCY

You should make every effort to make contact with your supervising Officer during the regular business hours of the office where you routinely report. In case of an actual emergency situation that occurs after business hours, the Probation Parole Division maintains a 1-800 number, which you may use to contact your Officer. Dial 1-866-416-9867, a number that is maintained on a 24-hour basis by a radio dispatcher who will then call your supervising Officer at home and ask the Officer to contact you. If the dispatcher cannot reach your Officer, the District Supervisor will be called and asked to call you. You will find this number posted in the Probation Parole office where you routinely report and this number will be on your PPO's business card.

The 1-800 number is available to offenders at any time, for any urgent matter.

For more information on PPD 24-Hour Services for Offenders, please see <http://cd.nm.gov/policies/policies.html> CD-052400.

WHAT TO EXPECT FROM YOUR PROBATION PAROLE OFFICER

Your Probation Parole Officer is assigned to monitor your compliance with the conditions imposed by the Court and/or the Parole Board and to assist you in making the decisions necessary to successfully complete your period of supervision. The Officer cannot live your life for you or make the decisions for you as to whether or not you comply with your conditions of supervision.

Your Officer's job is to assist you in developing a supervision and treatment plan that can help you redirect your life. But the Officer, at the same time, is mandated to report any failure to comply with the expectations of

the Court or Parole Board. The decision to succeed or to fail is yours, and yours alone.

SUPERVISION PLAN: Shortly after you begin supervision, your Officer will determine the level of supervision you will be assigned, which then establishes how often you will be required to report and will outline specifically what will be expected of you.

Until that process is completed, you should follow any specific reporting requirements given by your Officer. The Officer will work with you to develop a treatment and supervision plan and will provide you with a copy of that plan. Your level of supervision and supervision plan will be reviewed at least every six months.

OFFICE VISITS: Whenever you report to the Probation Parole Office, be sure to sign in on the sheet provided in the reception area and let the security guard know that you are there and who you need to see. Be advised that security staff can and will conduct searches of persons and belongings entering the building. When you report to the Probation Parole Office, you will report by yourself; friends and family must wait outside the building unless you have received prior permission from your Probation Parole Officer.

On your first report each month, you will be required to fill out a Monthly Report of your activities of the previous month. Fill this form out accurately, completely and legibly. Be sure to sign the report when you have completed it. Your Officer may require other reports to be filled out during subsequent office visits and will advise you if that is the case.

DRUG TESTING: If your conditions of supervision include a provision for drug testing, you may be required to submit a urine specimen at any time while you are under supervision. An Officer will observe the collection of this specimen and you will be required to fill out certain paperwork related to the collection of the specimen. If you cannot immediately provide a specimen, you will be required to wait at the office until you are able to provide one. Unless you wish to wait at the Probation Parole Office for an extended time, you should report prepared to leave a urine specimen. Failure to leave a specimen in a timely fashion can be considered failure to submit to urinalysis and can be grounds for arrest and for revocation of your Probation and/or Parole. Lab results provide detailed information about the drugs in your system as well as any attempts to cover up drug usage.

FIELD VISITS: Your Officer may visit you at your home and/or place of employment at any time. The Officer must do this as part of the supervision process and it is not their intent to embarrass you or create problems for you or your family. If you have any specific concerns about such field visits, you should share them with your Officer beforehand. When the Officers are visiting in your home they may ask to see other parts of the house and may wish to talk with you and your family. You should provide the Officer with accurate directions to your home, and if you have dogs or any other hindrances to their visits. You must make arrangements for your residence to be accessible. If you or your family make yourself inaccessible for field visits, you could be charged with a violation of your conditions of supervision and/or be required to move to another approved residence.

GENERAL INFORMATION: You must secure the permission of your Officer before changing residences or employment. You may not travel outside your county of residence without prior permission from your PPO. There are specific procedures for transferring your supervision to another jurisdiction, if you have a legitimate need to relocate.

ARRESTS: If you are arrested, you must report that arrest to your PPO promptly. If you are arrested after hours, use the emergency number to notify the Probation Parole Office. Follow any other specific after hours instructions provided you by your supervising officer.

The Probation Parole Office wants you to successfully complete your term of supervision. Your Probation Parole Officer will help you succeed. The responsibility is yours.

OFFENDER ORIENTATION HANDBOOK ACKNOWLEDGMENT

I have received a copy of the New Mexico Corrections Department, Probation Parole Division Offender Orientation Handbook which includes information on my civil rights, the Department's Code of Ethics, the offender grievance procedure, sex offender registration, fee and restitution collection procedures, office and field visits, how to contact my Probation Parole Officer in an emergency, drug testing and other information regarding the Probation/Parole process. By signing below, I acknowledge that I have read and understand the Offender Orientation Handbook, and that the Handbook was explained and discussed with me during my initial interview with my supervising officer.

Probationer/Parolee

Date

Witness

Date

PAYMENT RESPONSIBILITY ACKNOWLEDGEMENT

By signing below I acknowledge that I understand the following responsibilities and procedures:

As outlined in my probation/parole conditions I am required to make various payments. I will mail all payments to:

New Mexico Corrections Department
Probation & Parole Division
PO Box 27116
Santa Fe, NM 87502-0116

I understand I must send **MONEY ORDERS OR CASHIERS CHECKS ONLY**; no cash or personal checks.

I understand it is my responsibility to fill out my money orders/cashier checks **completely and correctly**.

I understand it is my responsibility to obtain a remittance slip and mailing envelope from my probation office each month in order to make these payments. **DO NOT SEND IN PAYMENT WITHOUT REMITTANCE SLIP.** I understand that I must put postage on the mailing envelope.

Probationer/Parolee

Date

Witness

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Rule for Home Visits

I, _____, acknowledge that I have been instructed by my supervising Officer that the following behavior will be expected of me while Officers are visiting me at my residence.

1. I will advise all members of my household that Probation & Parole Officers will occasionally visit the residence and ask them to show courtesy and respect toward the Officers and be compliant with their reasonable requests.
2. I will assure that Officers have safe access to my residence by having dogs restrained and, if I reside in a secured apartment complex or have a locked gate I will provide a key or a key code.
3. I will promptly answer the door and invite the Officers in.
4. I will promptly advise the Officers of who is in the residence.
5. I will ask the Officers where they would like me to be seated.
6. I will be courteous and cooperative with the Officers.

By following these steps, I understand that I will be helping to assure that both my safety and the safety of the Probation & Parole staff will be maintained. In return, I understand the Probation & Parole staff will also be courteous to my family and me during these visits to my residence.

Signed _____

Date _____

Witness _____

Date _____

NEW MEXICO CORRECTIONS DEPARTMENT
Notice to Employer

Date: _____

Sir or Madam:

This letter is to inform you that your employee _____ is a sex offender and/or is under the supervision of the Probation Parole Division for a sexual offense. He/She has been adjudicated _____ guilty _____ of _____ the _____ following _____ crime(s):
_____.

OR

This letter is to inform you that your employee _____ is under the supervision of the Probation-Parole Division for the crime of _____.
_____ was originally charged or indicted with a sex offense (_____), but that offense was plead down or reduced to the above-designated crime.

We are submitting this letter in compliance with the Departmental directive that employers be notified of their employees who are on Probation Parole supervision for sexual offenses.

We request that you sign this letter below as an acknowledgement that you have been so notified. If you have any questions or concerns, please contact the assigned Probation-Parole Officer _____, at _____.

Sincerely,

Probation Parole Officer

Employer Signature/Acknowledgement

Date

NEW MEXICO CORRECTIONS DEPARTMENT
PROBATION-PAROLE DIVISION
Employer Questionnaire

1. What is the offender's specific job? _____

2. What are his/her specific job duties? _____

3. What is his/her usual work site? _____

4. Does he/she ever work off-site? Where? _____

5. What contact does he/she have with the public? _____

6. What are his/her regular hours? _____

7. Does he/she ever work hours that are outside of the regularly scheduled hours? When? _____

8. Is he/she ever responsible for opening or closing the business? _____

9. For what portion of the work day is he/she under direct supervision? _____

10. Does he/she have access to the Internet or other electronic media while on the job? _____

11. Does he/she ever have contact with minors (under the age of 18) without another adult present? _____

12. **(As appropriate):** Does he ever have contact alone with adult women (over the age of 18) without another adult present? _____

13. Will you notify his/her Probation Parole Officer of any changes to his/her employment to include variances in shift, duties, hours, employment location or clientele? _____

Firearms Notification

Pursuant 18 USC 922 (g) (1), it shall be unlawful for any person who has been convicted in any Court of a crime punishable by imprisonment for a term exceeding one (1) year, to ship, receive, possess, or transport in interstate or foreign commerce, any firearm, or ammunition. The penalty shall be a fine not more than \$250,000 or imprisonment for not more than ten (10) years or both [18 USC 924 (a) (2)].

Also included in the prohibition are component parts of a firearm, a starter's pistol, a firearm muffler or silencer, a bomb, or any other destructive device [18 USC 921 (a) (3)].

I understand that I am a convicted felon. Therefore, Federal law prohibits me from receiving, shipping, or transporting a firearm,ammunition, or explosives.

I further understand that I am prohibited from possessing a firearm, having a firearm in my residence, or at any time having physical access to a firearm.

I understand that this prohibition will continue as long as I am a convicted felon unless Iam granted relief by applicable law or Executive Clemency by the state in which I was convicted.

I have read, or have had read to me, the above restrictions and I fully understand my status as a felon and the prohibitions stated above.

Probationer/Parolee

Date

Witness

Date

NEW MEXICO CORRECTIONS DEPARTMENT
GPS Monitoring Equipment - Offender Agreement

Offender Name _____

Agency _____

Officer Name _____

As a condition of my sentence to GPS monitoring, I agree to comply with all requirements set forth in this agreement and to strictly follow the instructions of my officer. I understand that any failure by me to comply with this agreement or the instructions of my officer will be considered a violation of my supervision and may result in adverse legal consequences.

I agree to properly use the ExecuTrack® One equipment provided to me by my officer. I will wear the non-removable tracking unit attached by my officer, or other authorized agency personnel, on my ankle, and charge the tracking unit appropriately. If assigned, I will allow the Beacon to be located in my home, work, or other place as determined by my officer for the duration of my sentence.

I understand that my officer will use phone calls, personal visits, and audio messages to monitor my compliance. I agree to promptly answer my phone, door, and acknowledge my tracking unit. I understand and agree that all phone call from my officer may be tape recorded. I agree to notify my officer of any problems with my phone service as soon as I am able to do so.

I understand that the tracking unit will monitor my location and relay the data to the host. ExecuTrack One is designed to detect tampering and will also transmit a tampering alert to the host. I agree not to attempt to circumnavigate the tracking unit. When equipment maintenance is required, I agree to come into the office within 48 hours after being notified by my officer.

I acknowledge receipt of:

Initial Here _____

- Tracking Unit Serial Number _____
- Beacon Serial Number(s) _____
- 1 Power Cord _____

I understand that I may be required to pay the daily cost of my GPS monitoring. If so ordered, I agree to pay the following cost per day on a schedule set forth in a separate payment agreement and will submit payments as directed by my officer:

- Daily Monitoring Cost _____
- Hook Up Fee _____
- Additional Hook Up _____

Initial Here _____

The additional hook up fee will be assessed if a new tracking unit is required as a result of a cut strap, or intentional damage to the ExecuTrack One and Beacon. I understand that I will be held responsible for damage, other than due to normal wear, to the ExecuTrack One or Beacon. I also understand that if I do not return the equipment in good working condition, I will be charged for the repair or the replacement of the equipment as follows:

- Full Replacement of ExecuTrack One _____
- Full Replacement of one Beacon _____
- Strap(s) Replacement _____

Initial Here _____

As a condition of my sentence, I agree to pay these costs, if required. I agree to allow authorized personnel to inspect and maintain the ExecuTrack One and Beacon. During my sentence, I agree not to remove, or tamper with the ExecuTrack One. Only in an emergency or with the prior permission of my officer will I remove the tracking unit. I also agree not to move, or tamper with the Beacon without the prior approval of my officer. I understand that if I experience any issues from the ExecuTrack One, I will contact my officer immediately. I understand that I will only cut the strap if I must remove the tracking unit for health risks.

My signature below acknowledges that I have read or had read to me this agreement. I understand that I must comply with the requirements of this agreement until notified otherwise by my officer. I agree to call my officer immediately, if I have any questions about this agreement or if I experience any problems with the ExecuTrack One or Beacon. I further understand that any violation of this agreement will constitute a violation of my sentence and may cause immediate adverse legal action be taken against me. I have received a copy of this Client Agreement.

Offender Name _____

Offender Signature _____

Date _____

Officer/Witness _____

Title _____

Date _____

DEPARTAMENTO DE CORRECCIONES DE NUEVO MÉXICO
Equipo de Monitoreo de GPS - Acuerdo del Cliente

Offender Name _____

Agency _____

Officer Name _____

Como condición de mi sentencia a monitoreo de GPS, me comprometo a cumplir con todos los requisitos estipulados en este acuerdo y a seguir estrictamente las instrucciones de mi oficial. Entiendo que cualquier incumplimiento de este acuerdo o de las instrucciones de mi oficial se considerará una violación de mi supervisión y puede tener consecuencias judiciales adversas.

Estoy de acuerdo a utilizar correctamente el equipo ExacuTrack One que me ha entregado mi oficial. Usaré la unidad de rastreo ExacuTrack One no prendible que me ponga mi oficial, o otro personal de la agencia autorizada. Me comprometo a no hacer cambios en el equipo ni los servicios telefónicos en mi residencia sin la aprobación previa de mi oficial.

Entiendo que mi oficial usará llamadas telefónicas, visitas personales, y mensajes de audio para monitorear mi cumplimiento. Por lo tanto, cuando esté en mi casa, me comprometo a contestar rápidamente el teléfono, la puerta y reconocer a mi unidad de rastreo. Entiendo además y acepto que puedan grabarse todas las llamadas telefónicas de mi oficial a mi residencia. Me comprometo a notificar a mi oficial de todo problema con mi servicio telefónico tan pronto pueda hacerlo.

Yo entiendo que la unidad de rastreo superará mi lugar y transmitir los datos al host. ExacuTrack One está diseñado para detectar manipulaciones y también transmitir un aviso de intento de manipulación al host. Estoy de acuerdo que no voy a circunnavegar la unidad de rastreo. Cuando se requiera dar mantenimiento al equipo, me comprometo a venir a la oficina de 48 horas después de que me lo notifique mi oficial.

Acuso recibo de:

- ExacuTrack One Con Número de Serie _____
- Beacon Con Número de Serie _____
- 1 Cable Eléctrico _____

Poner Iniciales Aquí _____

Entiendo que puede que se me exija pagar el costo diario de mi monitoreo GPS. Si así se me ordena, me comprometo a pagar el siguiente costo por día conforme a un plan establecido en un convenio de pago separado y a enviar los pagos según lo indique mi oficial:

- Costo de Supervisión diaria _____
- Cargo de Conexión _____
- Conexión Adicional _____

Poner Iniciales Aquí _____

El cargo adicional de conexión se cobrará si se requiere un equipo de rastreo Nuevo debido a una tira cortada, o daño intencional a la unidad de rastreo o Beacon. También entiendo que se me considerará responsable de daños, que no se deban al uso normal, que sufra la unidad de rastreo o Beacon. También entiendo que si no devuelvo el equipo en buen estado de funcionamiento, se me cobrará la reparación o el reemplazo del equipo de la siguiente manera:

- Reemplazo Total del ExacuTrack One _____
- Reemplazo Total del Beacon _____
- Reemplazo de Tira(s) _____

Poner Iniciales Aquí _____

Como condición de mi sentencia, me comprometo a pagar estos costos, si se requiere. Acepto permitir al personal autorizado inspeccionar y mantener la unidad de rastreo y Beacon. Durante mi sentencia, me comprometo a no quitarme o alterar ni poner ningún con la unidad de rastreo. Solamente en una emergencia o con permiso previo de mi oficial podré quitarme la unidad de rastreo. Entiendo que cualquier asunto, me pondré en contacto inmediatamente con mi oficial. Entiendo que solo cortaré la tira.

Mi firma a continuación confirma que he leído o que me leyeron este acuerdo. Entiendo que debo cumplir con los requisitos de este acuerdo hasta que mi oficial me notifique lo contrario. Me comprometo a llamar a mi oficial inmediatamente si tengo preguntas acerca de este acuerdo o si tuviera algún problema con la unidad de rastreo. Entiendo además que toda violación de este acuerdo constituirá una violación de mi sentencia y puede causar que se entable una acción judicial adversa inmediata en mi contra. He recibido una copia de este Acuerdo del Cliente.

Oficial / Testigo

Título

Fecha

Nombre del Cliente

Firma del Cliente

Fecha

Oficial / Testigo

Título

Fecha



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-050202 Written Probation and Parole Conditions	Issued: 07/01/99 Effective: 07/03/00	Reviewed: 05/28/19 Revised: 05/28/19
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-050200*

PROCEDURES: [4-APPFS-2B-01]

A. Probation Conditions:

Written conditions of probation shall be entered in CMIS and maintained in the offender file, served on and acknowledged by the offender in accordance with the directives of the District Courts. If the **Order of Probation** Attachment (*CD-050202.C*) contains the length of the probation term, only those pre-sentence confinement credits specifically designated to be credited towards time on probation as reflected on the Judgment and Sentence will be reflected on the **Order of Probation** Attachment (*CD-050202.C*). If the Judgment and Sentence does not specifically reflect that specific pre-sentence confinement credits are to be credited towards time on probation, then pre-sentence confinement credits will only be credited by the receiving facility if the offender's probation is subsequently revoked, and the offender is sentenced to a term of incarceration.

B. Parole Conditions:

1. Parole conditions are issued by the New Mexico Parole Board through the releasing institution and signed by the offender prior to release. Parole Officers shall review the parole conditions with the offender at their first contact. These conditions will be entered into CMIS.
 2. In cases where a period of probation follows parole in the same cause number, any conditions of probation must be included as conditions of parole. If the Parole Board has not included one or more of those probation conditions, the supervising PPO should send a letter advising the Parole Board and request the parole certificate be amended to include the omitted condition(s).
- C. The supervising PPO may write a formal request to the sentencing Court or Parole Board to add, remove, or modify any or all special conditions of probation or parole supervision. All requests must be justified and approved the District Supervisor. **[4- APPFS-2A-05]**



STATE OF NEW MEXICO CORRECTIONS DEPARTMENT

PROBATION AND PAROLE DIVISION

DISTRICT COURT

COUNTY OF

STATE OF NEW MEXICO

Cause #

D.A. Number

STATE OF NEW MEXICO

Plaintiff

vs.

Defendant

Order of Probation

Now, on this _____ day of _____, in accordance with authority conferred by the State of New Mexico, the Honorable _____, sitting in and for this Court at _____, New Mexico, places you under probation supervision for a period of _____. You are to be under probation supervision until _____, or until further order of the Court.

IT IS THE ORDER OF THIS COURT that you comply with the following standard and special conditions of probation.

1. STATE LAWS: I will not violate any of the laws or ordinances of the State of NM, or any other jurisdiction. I shall not endanger the person or property of another.
2. REPORTING: I will report to my Probation/Parole Officer as often as required and will submit completed and truthful written reports as required by my Probation/Parole Officer. All communication with my Probation/Parole Officer will be truthful and accurate and I will promptly reply to any correspondence or communication I may receive from the Probation Office.
3. STATUS: I will get permission from my Probation/Parole Officer before: a) Leaving the county where I am being supervised and/or residing; b) Changing jobs; c) Changing residence; or d) Engaging in any major financial contract or debt.
4. ASSOCIATION: I will not associate with any person identified by my Probation/Parole Officer as being detrimental to my Probation supervision, which may include persons having a criminal record, other probationers and parolees, and victims or witnesses of my crime or crimes.
5. SUPV LEVEL: I will follow all orders and instructions of my Probation/Parole Officer including actively participating in and successfully completing any level of supervision and/or treatment program, which may include Community Corrections, ISP, Electronic Monitoring or other supervision/treatment program, as deemed appropriate by the Probation/Parole Officer.
6. VISITS: I will permit any Probation/Parole Officer to visit me at my home or place of employment at any time. I will permit a warrant-less search by the Officer of my person, automobile, residence, property and/or living quarters if he/she has reasonable cause to believe the search will produce evidence of a violation of my conditions of probation.

7. **EMPLOYMENT:** Unless exempted, I will make every effort to obtain and hold a legitimate job and fulfill all financial obligations required of me including support of my family. I shall cooperate with my Probation Officer in any effort to assist me in obtaining employment. If I lose my job for any reason, I shall report this fact to my Probation/Parole Officer within 48 hours of the change.
8. **WEAPONS:** I will not buy, sell, own or have in my possession, at any time, firearms, ammunition, or other deadly weapons.
9. **DRUGS:** I will not buy, sell, consume, possess or distribute any controlled substances except those legally prescribed for my use by a State Certified Medical Doctor. I will also provide urine or breath test specimens for laboratory analysis upon request of the Probation and Parole Division.
10. **ARREST:** I will report any arrest, charge or questioning by a Peace Officer to my Probation/Parole Officer within 48 hours of the incident. The toll free number 1-800-428-5686 is available for emergency contact with my Probation/Parole Officer.
11. **TRANSFER:** If my probation supervision is transferred to another state, I will abide by any additional supervision conditions required by that state.
12. **INFORMANT:** I will not enter into any agreement to act, or act as an "informer" or special agent for any law enforcement agency without the permission of the Director of the Probation and Parole Division and the sentencing judge.
13. **PROBATION COSTS:** I will pay probation costs as determined by my Probation/Parole Officer on or before the designated date each month to the Corrections Department in the form of a money order or cashier's check.
14. **PHOTO:** I will submit myself for photographing and fingerprints as directed by the Probation & Parole Division.
15. **ALCOHOL:** I shall not possess, use or consume any alcoholic beverages and will not at any time enter what is commonly known as a bar or lounge where alcoholic beverages are served or sold for consumption on the premises.
16. **SPECIAL CONDITIONS:**

You are hereby advised that under the law of the Court, the Court may at any time during the probation term issue a warrant for your arrest and your probation may be revoked if you violate any one of the conditions of this Order during the time of your probation. When acting in accordance with official policy and New Mexico law, your Probation Officer has the authority to have you arrested without a warrant.

The Honorable _____

I have read and understand the terms of this Probation Order and will abide by its terms.

, Probationer

, Probation & Parole Officer

Date _____

Witness:

Title;

NEW MEXICO CORRECTIONS DEPARTMENT
Assessment Referral Form

Treatment Provider:

Date of Referral:

Probation/Parole Officer:

Dear Valued Provider,

We are referring this individual to receive an assessment and follow up services as recommended. They have been instructed to contact your office. Please send an assessment summary to the Probation Parole Officer listed above. Thank you.

Note: Offender will be required to pay their co-pay, if applicable and financially able. Per NMCD contract, provider must first bill private insurance or Medicaid. NMCD funding is used as a secondary only.*

Client Information

Name:

DOB:

Address:

City:

State:

ZIP:

Home Phone #:

Cell Phone #:

Comments:

Please Note: List any specific orders from Judgment & Sentence or Parole Board relating to treatment

Previous Treatment:

Current Offense:

Circumstances:

Supervision Expiration date:

Sentence Date:

Release of Information Authorization

I, _____, _____, do hereby consent to the
(Client First/Last Name) (Client DOB)
disclosure of information during my probationary period.

By: New Mexico Corrections Department Staff

To: _____ (Treatment Provider)

Address:

Supervising Officer _____

Offender Signature _____

_____ Date

*If your agency is not under NMCD contract, we request first bill is Medicaid if eligible or Private insurance.